

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90027 045 ***150.00

DOCUMENT # P95000039409

1. Corporation Name

L.D.C. HARTWELL, INC.



Principal Place of Business

**1830 S.W. 44TH AVENUE
GAINESVILLE FL 32608**

Mailing Address

**1830 S.W. 44TH AVENUE
GAINESVILLE FL 32608**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1995

4. FEI Number

59-3321176

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7330 SR 100

Suite, Apt. #, etc.

22 SUITE # 5

City & State

23 KEYSTONE HEIGHTS, FL

Zip

Country

24 32656

25 USA

2a. Mailing Address

26 3131 NW 13th St

Suite, Apt. #, etc.

27 SUITE # 5

City & State

28 GAINESVILLE, FL

Zip

Country

29 32609-2177

30 USA

9. Name and Address of Current Registered Agent

**HARTWELL, LONALD D
1830 S.W. 44TH AVENUE
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
HARTWELL, LONALD D
STREET ADDRESS
1830 S.W. 44TH AVENUE
CITY-ST-ZIP
GAINESVILLE FL 32608**

TITLE ☐ DELETE

**NAME
HARTWELL, DAVID M
STREET ADDRESS
670 S.W. 11TH AVENUE
CITY-ST-ZIP
NEWBERRY FL 32669**

TITLE ☐ DELETE

**NAME
HARTWELL, CHRISTOPHER A
STREET ADDRESS
6013 N.W. 37TH TERRACE
CITY-ST-ZIP
GAINESVILLE FL 32653**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**25722 SW 18 AVE
NEWBERRY, FL 32669**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**7525 SW 75th St
GAINESVILLE, FL 32608**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONALD D. HARTWELL, Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(352) 395-6632

Daytime Phone #

CR2E034 (11/98)

0062996