2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 06, 2004 8:00 am Secretary of State DOCUMENT # P95000039409 1. Entity Name 04-06-2004 90024 015 ***150.00 L.D.C. HARTWELL, INC. Principal Place of Business Mailing Address 7380 SR 100 1830 SW 44TH AVE. · **04**027186 SUITE 5 KEYSTONE HEIGHTS FL 32656 SUITE 5+ GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3321176 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----HARTWELL, LONALD D Street Address (P.O. Box Number is Not Acceptable) 1830 S.W. 44TH AVENUE GAINESVILLE FL 32608 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE ☐ Delete TITLE [7] Change ☐ Addition HARTWELL, LONALD D NAME NAME STREET ADDRESS 1830 S.W. 44TH AVENUE STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32608** CITY-ST-ZIP VD TITLE Delete TITLE Change ☐ Addition NAME HARTWELL, DAVID M NAME 25722 SW 18 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEWBERRY FL 32669 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME HARTWELLT CHRISTOPHER 'A' STREET ADDRESS 9525 SW 75TH ST STREET ADDRESS CITY-ST-7IP **GAINESVILLE FL 32608** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered. LONALD D. HARTWELL) 4/5/04 (352) 395-6632 SIGNATURE: