

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047476 (3)

1. Corporation Name

HARTMANS' CHECKER REALTY, INC.



Principal Place of Business

Mailing Address

967 TORCHWOOD DRIVE
DELAND FL 32724

P.O. BOX 244
DELAND FL 32721

2. Principal Place of Business

21 HARTMANS' CHECKER REALTY, INC.

Suite, Apt. #, etc.

22 2239 S. WOODLAND BLVD.

City & State

23 DELAND, FL

Zip

24 32720

Country

25 U.S.A.

2a. Mailing Address

26 HARTMANS' CHECKER REALTY, INC.

Suite, Apt. #, etc.

27 2239 S. WOODLAND BLVD.

City & State

28 DELAND, FL

Zip

29 32720

Country

30 U.S.A.

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

4. FEI Number

59-3319738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARTMAN, LAWRENCE R
2237 S. WOODLAND BLVD.
DELAND FL 32724

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 607.0502 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, if applicable

(Date) Registered Agent Signature (required when in changing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
HARTMAN, LAWRENCE R
STREET ADDRESS 967 TORCHWOOD DRIVE
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ DELETE

NAME D
HARTMAN, DEBORAH T
STREET ADDRESS 967 TORCHWOOD DRIVE
CITY-ST-ZIP DELAND FL 32724

TITLE ☒ DELETE

NAME P
BRADLEY, PEGGY B
STREET ADDRESS 967 TORCHWOOD DRIVE
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

NAME P
HARTMAN, LAWRENCE R
1500 ROCKWELL HEIGHTS DRIVE
DELAND, FL 32724

2.1 TITLE ☒ Change ☐ Addition

NAME VP
HARTMAN, DEBORAH T.
1500 ROCKWELL HEIGHTS DRIVE
DELAND, FL 32724

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Lawrence R. Hartman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

(904) 822-5599

CR2E034 (12/95)