

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # P95000067212 (7)

1. Corporation Name

HARDEE EQUIPMENT REPAIR, INC.

Principal Place of Business

ROUTE 2, BOX 28  
HEARD BRIDGE ROAD  
WAUCHULA FL 33873

Mailing Address

ROUTE 2, BOX 28  
HEARD BRIDGE ROAD  
WAUCHULA FL 33873-9802

3. Date Incorporated or Qualified  
08/30/1995

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

21 2390 Heard Bridge Road  
Suite, Apt. #, etc.

2a. Mailing Address

26 2390 Heard Bridge Road  
Suite, Apt. #, etc.

4. FEI Number  
65-0606086

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, DAVID E  
ROUTE 2, BOX 28  
HEARD BRIDGE ROAD  
WAUCHULA FL 33873

81 Name

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

83 2390 Heard Bridge Road

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 and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME WILSON, DAVID E  
STREET ADDRESS 60 PAULA DRIVE  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE ST  
NAME WILSON, JO-ANN  
STREET ADDRESS 60 PAULA DRIVE  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE VP  
NAME LANE, DOROTHY J  
STREET ADDRESS 60 PAULA DRIVE  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

*[Signature]*

4/30/97

941-773-5457

CR2E034 (9/96)