

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 25 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000082129 (4)

1. Corporation Name

ARLENE J. HADLEY, INC.

Principal Place of Business

~~151 LAKESIDE DR  
OLDSMAR FL 34677  
US~~

Mailing Address

~~151 LAKESIDE DRIVE  
OLDSMAR FL 34677  
US~~



DO NOT WRITE IN THIS SPACE

|  |                        |  |                                   |
|--|------------------------|--|-----------------------------------|
| 2. Principal Place of Business         | 2a. Mailing Address    | 3. Date Incorporated or Qualified  | 3a. Date of Last Report           |
| 21 5706 LONESOME DORE CT.              | 26 SAME                | 10/26/1995   | 04/18/1996                        |
| 22 Suite, Apt. #, etc.                 | 27 Suite, Apt. #, etc. | 4. FEI Number  | Applied For<br>Not Applicable     |
| 23 City & State<br>NEW PORT RICHEY, FL | 28 City & State        | 59-3344893   |                                   |
| 24 Zip<br>34655                        | 29 Country<br>PASCO    | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |
| 25                                     | 30                     | 6. Election Campaign Financing<br>Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees    |
|  |                        | 7. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. | Yes No                            |

9. Name and Address of Current Registered Agent

HADLEY, ARLENE J  
151 LAKESIDE DRIVE  
OLDSMAR FL 34677

5706 LONESOME DORE CT.  
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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

*Arlene J. Hadley*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

*July 19, 1997*  
DATE

|                            |                  |   |  |
|----------------------------|------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | PS               | 1.1 TITLE   |  |
| NAME                       | ARLENE J. HADLEY | 1.2 NAME  |  |
| STREET ADDRESS             | 151 LAKESIDE DR  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | OLDSMAR FL       | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 2.1 TITLE   |  |
| NAME                       |                  | 2.2 NAME  |  |
| STREET ADDRESS             |                  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 3.1 TITLE   |  |
| NAME                       |                  | 3.2 NAME  |  |
| STREET ADDRESS             |                  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 4.1 TITLE   |  |
| NAME                       |                  | 4.2 NAME  |  |
| STREET ADDRESS             |                  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 5.1 TITLE   |  |
| NAME                       |                  | 5.2 NAME  |  |
| STREET ADDRESS             |                  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                  | 6.1 TITLE   |  |
| NAME                       |                  | 6.2 NAME  |  |
| STREET ADDRESS             |                  | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                  | 6.4 CITY - ST - ZIP                                   |  |

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:

*Arlene J. Hadley*  
Signature, typed or printed name of registered agent and title, if applicable

*July 19, 1997*  
DATE

CR2E034 (4/97)