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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000092923 (8)

HARDING CONCESSIONS, INC.

FILED Jan 30 1997 8:00am Secretary of State



		Mailing Address			•		1 M 1169 1 M M 1
5802 LAKESIDE DR. LUTZ FL 33549		5802 LAKESIDE DR. LUTZ FL 33549-4872					
					3. Date Incorporated or Qualified 12/06/1995	3a. Date of Last 05/01/1996	
2. Principal Plac	ce of Business	2s. Mailing Address			4. FEI Number		pplied For
1 3920	Gunn Hwy	26 2801 Palan	mare I	r,	59-3348576	 	lot Applicable
Suite, Apt. #,		Suite, Apt. #, etc.	: // V			£0.75	Additional
2		27			5. Certificate of Status Desired	4 1	Required
City & State		City & State	***************************************		6. Election Campaign Financing	\$5.00	May Be
3 Tampa	. FL.	28 Tampa,	FL.		Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr		8. This corporation has liability for i	ntangible tax under	s. 199.032,
4 33624	25 H: 11sboron	,L 29 33618	30 H;	115 borong	Florida Statutes	Yes 🗹 No	
	9. Name and Address of Curre				10. Name and Address of New Re	gistered Agent	
STEE	N, DAVID W		81	Name			
	. KENNEDY BLVD.		82	Street Aride	ress (P.O. Box Number is Not Acceptab	Jol	
SUITE 101				Street Address (r.O. box Nutriber is 1901 Acceptable)			
_	A FL 33602		83	3			*****
1, 4411	7116 4000						
			84	City		FL S Zip	Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508. Florida State	utes, the abov	/e-named core	poration submits this statement for the p	urpose of changing	its registered
office or req	sistered agent, or both, in the State	e of Florida. Such change was	s authorized b	y the corporal	tion's board of directors. I hereby accep	of the appointment a	s registered
ageni. i am	familiar with, and accept the oblig	jations of, Section 607,0505, r	riorida Statute	18.			
Signature 🚃	gnature, typed or printed name of registered ag	My safety and the it and the transfer transfer	OTF Registered As	ant times requi	red when rainstating)	DATE	
2.		ND DIRECTORS	13.	John anglikacore rector	ADDITIONS/CHANGES TO OFFICE		RS IN 12
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	HARDING, DAVID	book or the control of	1,2 NAME				
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	LUTZ FL 33549			CT 310	umpa, FL. 33618		
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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; the Lam an officer or orector 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

264-0458 /20/97 (813)