04-27-1999 90086 044 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## DOCUMENT # P96000015918 1. Corpora ion Name

HART RIVER COMP	PANY		
Principal Place of Business 342 GREEN DOLPHIN DR CAPE HAZE FL 33946 US		Mailing Address	
		342 GREEN DOLPHIN DR CAPE HAZE FL 33946 US	
2. Principal Place of Busines	ss	2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & S ate		City & State	
Zip	Country	Zip	Country

29

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed

App ied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax.

UNDERWOOD, ROBERT L 537 EAST PARK AVENUE TALLAHASSEE FL 32301

25

24

<b>└</b>	(U. Marile and Address of New Registered Agent							
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								
84	City	85	Zip Code					

02/21/1996

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number 59-3365180

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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

30

agent. a	in familiar with, and accopt the congainme	01, 00011111111111111111111111111111111				
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTC)	Registered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND D		13.		OFFICERS AND DIRECTO	F.S IN 12
TITLE	D OF FIGURE AND B	☐ DELETE	1.1 TITLE	100111	☐ Change	Addition
NAME	UNDERWOOD, D ANNE	_	1.2 NAME			
_	342 GREEN DOLPHIN DR		1.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	CAPE HAZE FL	☐ DELETE	1.4 CiTY-ST-ZiP		Change	Addition
TITLE	SD	□ DELETE	2.1 TITLE			
NAME	UNDERWOOD ASHE, HEATHER		2.2 NAME			
STREET ADDRESS	342 GREEN DOLPHIN DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE HAZE FL		2. 4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	31 TITLE		☐ Change	Addition
NAME	UNDERWOOD, ROBERT L		3.2 NAME			
STREET ADDRESS	342 GREEN DOLPHIN DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE HAZE FL 33946		3.4. CITY- ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4, 2 NAME			
STREET ADDRE 3S			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRE 3S			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY- ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify fir 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, with all other like empowered.

SIGNATURE:

860-686-1615 Daytime Phone #