

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000093122 (5)

1. Corporation Name

HARTSFIELD HOLDINGS, INC.

Principal Place of Business

2541 NOBLE DRIVE  
TALLAHASSEE FL 32312

Mailing Address

2541 NOBLE DRIVE  
TALLAHASSEE FL 32312-3488



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HARTSFIELD, WANDA C  
2541 NOBLE DRIVE  
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

11/06/1996

3a. Date of Last Report

4. FEI Number

59-3415478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

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  
officer 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)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	WANDA C HARTSFIELD	
STREET ADDRESS	2541 NOBLE DR	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	HOWARD G HARTSFIELD	
STREET ADDRESS	2795 ARMSTRONG RD	
CITY - ST - ZIP	TALLAHASSEE, FL 32312	
TITLE	SEC/Treas	<input type="checkbox"/> DELETE
NAME	AUG W C HARTSFIELD	
STREET ADDRESS	4400 CORD EMERALD DR	
CITY - ST - ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1:2 NAME	
1:3 STREET ADDRESS	
1:4 CITY - ST - ZIP	
2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2:2 NAME	
2:3 STREET ADDRESS	
2:4 CITY - ST - ZIP	
3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3:2 NAME	
3:3 STREET ADDRESS	
3:4 CITY - ST - ZIP	
4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4:2 NAME	
4:3 STREET ADDRESS	
4:4 CITY - ST - ZIP	
5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5:2 NAME	
5:3 STREET ADDRESS	
5:4 CITY - ST - ZIP	
6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6:2 NAME	
6:3 STREET ADDRESS	
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: WANDA CHARTSFIELD - Wanda C Hartsfield pres 1-7-97 904-386-1028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)