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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000013364 (9)

HARTMANN & FRIENDS, INC.

Principal Place of Business

Mailing Address

1275 ISLAND DRIVE

1275 ISLAND DRIVE

FILED Feb 27 1998 8:00am Secretary of State



MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HARTMANN, MARION 1275 ISLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 MERRITT ISLAND FL 32952 83 84 City 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. Marion (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE HARTMANN, MARION 1.2 NAME NAME 1275 ISLAND DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MERRITT ISLAND FL 32952** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE HARTMANN, GUIDO 2.2 NAME NAME 1275 ISLAND DRIVE STREET ADDRESS 2.3 STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ☐ Addilion DELETÉ 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS CITY-ST-7IP

14. I 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.