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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000026081 (4)

HARTWICK CONSTRUCTION, INC.

## FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 398 MARSH POINT CIRCLE 398 MARSH POINT CIRCLE ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2a. Mailing Address FEI Number 2. Principal Place of Business Applied For as showl 028-1376 Same Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARTWICK, PETER 398 MARSH POINT CIRCLE Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 **B3** City 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 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 objigations of, Section 607.0505. Florida Statutes. SIGNATURE egistered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 DELETE Change Addition TITLE 1.1 TITLE HARTWICK, PETER NAME 1.2 NAME 398 MARSH POINT CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32084 1.4 CITY - \$1 - ZIP CITY-ST-2IP Change STD DELETE Addition TITLE 2.1 TITLE HARTWICK, KIM NAME 2.2 NAME 398 MARSH POINT CIRCLE STREET ADDRESS 2.3 STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-ZIP 2. 4 CITY - \$1 - 7/P DELFTE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THEF NAME 4.2 NAMI STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-7IP DELETE 5000024053<del>05</del>hange Addition TITLE 6.130118 -01/20/98--01099--019 NAME 6.2 NAME 6.3 STREET ADDRESS \*\*\*150.00 STREET ADORESS CITY-ST-ZIP 6.4 City - St - 7(P

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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.