## 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 # P97000105108 (9)

HARTWELL AND ASSOCIATES INC. Principal Place of Business Mailing Address 909 COPPERFIELD TERRACE **909 COPPERFIELD TERRACE** CASSELBERRY FL 32707 CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. Yes X No 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HARTWELL, REGINALD B 909 COPPERFIELD TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 84 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. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change Addition HARTWELL, REGINALD B 1.2 NAME 909 COPPERFIELD TERRACE 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZW 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE Change TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3 3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME

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 your and accurate and that my signature shall have the same legal effect as if made under eath; 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, you an attachment of the corporation of the corpo

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

MARCH 11,1998

Change

■ Addition

**FILED** 

Mar 19 1998 8:00am

Secretary of State