

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90041 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106877

1. Corporation Name
HARDY & CO., INC.



Principal Place of Business 211-D MAIN ST. DESTIN FL 32541	Mailing Address 211-D MAIN ST. DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21 Professional Crt		2a. Mailing Address 26 PO Box 185		3. Date Incorporated or Qualified 12/13/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 185		4. FEI Number 59-3486037	
City & State 23 Destin, FL Walton		City & State 27 Destin, FL Walton		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32541		Zip 29 32540		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HARDY, BERT
211-D MAIN ST.
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name Hardy & Co., Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 21 Professional Crt
83
84 City Destin
85 Zip Code FL 32541

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE **4/23/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Hardy, Bert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDY, BERT		1.2 NAME	
STREET ADDRESS 211-D MAIN ST.		1.3 STREET ADDRESS PO Box 185	
CITY-ST-ZIP DESTIN FL 32541		1.4 CITY-ST-ZIP Destin, FL 32540	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDY, STEPHEN		2.2 NAME	
STREET ADDRESS 211-D MAIN ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP DESTIN FL 32541		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE Hardy, Sharon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDY, SHARON		3.2 NAME	
STREET ADDRESS 211-D MAIN ST.		3.3 STREET ADDRESS PO Box 185	
CITY-ST-ZIP DESTIN FL 32541		3.4 CITY-ST-ZIP Destin, FL 32540	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/99** (850) 857-8711
Date Daytime Phone #

CR2E034 (11/98)