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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000080651

1. Corporation Name

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90031 010 \*\*\*150.00

HARTFORD CAPITAL, INC.  Principal Place of Business	Mailing Address									
13577 FEATHER SOUND DRIVE #300 CLEARWATER FL 34622	13577 FEATHER SOUND DRIVE CLEARWATER FL 34622	#300		[						
CLEARWAIER FL 34022					DO NOT WRITE IN THIS SPACE					
						orated or Qualif	ed			
					08/25/19				T	
2. Principal Place of Business	2a. Mailing Address			İ	4. FEI Numbe	3424	60	  -	+ -:-	lied For Applicable
21	Suite, Apt. #, etc.				<u> </u>	73 144		\$8		ditional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of	f Status Desired	! <b> </b>		e Req	
City & State	City & State			- $+$	6. Election Ca	mpaign Financii	ng	\$5	.00 M	fay Be
23	28	•				Contribution	<u>a</u> 🗆		ded to	
Zip Country	Zip	Country			8. This corpor	ation owes the o	urrent year l		_	_
24 25	29 30					roperty Tax.		☐Yes	. 12	¥ No
9. Name and Address of Current	t Registered Agent	_			10. Name and	Address of Ne	w Registere	d Agent		
NEAL, A R		81	Name							
13577 FEATHER SOUND DRIVE #300	1	82	Street	Address	s (P.O. Box Nur	nber is Not Acce	eptable)			ļ
CLEARWATER FL 34622	•	83								
		84	City				F	85	Zip Co	ode
		L_							no its re	agistarad
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t	he above	e-named	согрога	ition submits thi	s statement for	ine purpose i	or criango		egistered
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligations SIGNATURE	ions of, Section 607.0505, Florida	Statutes	•			is statement for torstors. I hereby ac		ointment	as regi	stered
agent. I am familiar with, and accept the obligation of the solution of the signature, typed or printed name of registered agent.	t and title if applicable. (NOTE: Regi	istered Agen	•		hen reinstating)		DATE			
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS ANI	t and title if applicable. (NOTE: Regi	istered Agen	•	equired wh	hen reinstating)	/CHANGES TO	DATE	AND DIRE	CTOR	RS IN 12
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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: