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

Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)HARDING CAPITAL MANAGEMENT, INC. Principal Place of Business Mailing Address 169 DANIEL WEBSTER HWY 169 DANIEL WEBSTER HWY MEREDITH NH 03253 MERIDITH NH 03253 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/25/1991 2. Principal Place of Business 20. Mailing Address 4. FEI Number Applied For 59-3067110 Not Applicable 26 Suite, Apt #, etc Suite, Apt #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζю Country Country Zφ 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARDING, SEYMOUR L 2855 STONE AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **DELAND FL 32720** 83 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE SEYMOUR L HARDING NAME 1.2 NAME 2855 STONE AVE STREET ADDRESS 1.3 STREET ADDRESS **DELAND FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 21 TIFLE JEFFREY A. HARDING RFDL. BOX 321N 2 3 STREET ADDRESS STREET ADDRESS ASHLAND NH 2 4 CITY - ST - ZIP CITY-ST-ZIP TT DELETE Addition TITLE 3 I TITLE SATCHRIELD, PATRICIA A. 3 2 NAME NAME 4440 N OCEANSHORE BLVD, #105 3.3 STREET ADDRESS STREET ADDRESS PALM COAST FL 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 4.1 TITLE Change TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DETELE Change Addition TITLE 5 1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THILE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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. 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 godever 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 any attachment with an address

SEYMOUR L. HARDING

SIGNATURE:

**FILED** 

1-603-279-4783