FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S77916** **(2)**

1. Corporation Name

HAZZARD-BURDICK GROUP, INC.

Principal Place of Business	Mailing Address
28870 US HIGHWAY 19 N. SUITE 300 CLEARWATER FL 34621 US	28870 US HWY. 19 N. SUITE 300 CLEARWATER FL 34621 US

2. Principal Place of Business	2a. Mailing Address
21 2753 S.R. 580	26 2753 S.R. 580
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 105	27 SUITE 105
City & State	City & State
23 CLEARWATER, FL	28 CLEARWATER, FL
Zip / Country	Zip / Country
24 34621 / 25 PINELLAS	29 34621 / 30 PINELLAS

3. Date Incorporated or Qualified: **09/05/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3093854** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAZZARD, DAVID A.
28870 US HIGHWAY 19 N., SUITE 300
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2753 S.R. 580
83 SUITE 105
84 City: CLEARWATER **FL** 85 Zip Code: 34621

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HAZZARD, DAVID		1.2 NAME		
STREET ADDRESS	3558 DEER RUN S.		1.3 STREET ADDRESS	3279 SANDY RIDGE DR.	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURDICK, MICHAEL		2.2 NAME		
STREET ADDRESS	2413 BAYSHORE BLVD., #2104		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	700001829717	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-05/20/96--01054--035	
TITLE		☐ DELETE	6.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL W. BURDICK

CR2E034 (12/95)