


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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V06211 (9)					
1. Corporation Name HARDISON ENTERPRISES INCORPORATED					
Principal Place of Business 815 EAST PRIMA VISTA BLVD. PORT ST. LUCIE FL 34952			Mailing Address 815 EAST PRIMA VISTA BLVD. PORT ST. LUCIE FL 34952-2331		
2. Principal Place of Business 21			2a. Mailing Address 26		3. Date Incorporated or Qualified 01/13/1992
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		3a. Date of Last Report 04/23/1996
City & State 23			City & State 28		4. FEI Number 65-0315961
Zip 24			Country 25		Applied For Not Applicable
Country 25			Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent FARRELL, RICKEY L. 1595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE FL 34952			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I do 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.					



CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

561-878-5353

Daytime Phone #