


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

FILED

Apr 29 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 # <b>V47375</b> (3) 1. Corporation Name <b>HART &amp; ASSOCIATES INVESTIGATIONS, INC.</b>			
Principal Place of Business <b>5200 CENTRAL AVENUE ST. PETERSBURG FL 33707</b>		Mailing Address <b>5200 CENTRAL AVENUE ST. PETERSBURG FL 33707-1834</b>	
2. Principal Place of Business 21 <b>7843 Seminole Blvd.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7843 Seminole Blvd.</b> Suite, Apt. #, etc.	
22 <b>Seminole, FL 33772</b> City & State		27 <b>Seminole, FL 33772</b> City & State	
23 Zip 24 25 <b>USA</b>		28 Zip 29 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>HART, RICHARD L. HART &amp; ASSOCIATES INVESTIGATIONS 5200 CENTRAL AVENUE ST. PETERSBURG FL 33707</b>		10. Name and Address of New Registered Agent 81 Name <b>Richard L. Hart</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>Hart &amp; Associates Investigations</b> 83 <b>7843 Seminole Blvd.</b> 84 City <b>Seminole</b> FL 85 Zip Code <b>33772</b>	
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: <i>Richard L. Hart</i> DATE: <b>4/22/97</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD HART, RICHARD L. 5200 CENTRAL AVE. ST. PETERSBURG FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7843 Seminole Blvd. Seminole, FL 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CARPENTER, SALLY M. 5200 CENTRAL AVE. ST. PETERSBURG FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7843 Seminole Blvd. Seminole, FL 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HART, KIMBERLY A 5200 CENTRAL AVE. ST. PETERSBURG FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7843 Seminole Blvd. Seminole, FL 33772</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. SIGNATURE: <i>Richard L. Hart</i> DATE: <b>4/22/97</b> 813-319-8200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)