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 # **V52547** **(9)**

1. Corporation Name

HARDY SERVICES, INC.

Principal Place of Business	Mailing Address
5620 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US	P O BOX 244 N/A LONGBOAT KEY FL 34228 US

3. Date Incorporated or Qualified: **07/22/1992**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **65-0348892** 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HARDY, BOBBY
5620 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 910 64th St. West
83
84 City Bradenton FL 85 Zip Code 34209

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 date if applicable) (NOTE: Registered Agent signature required when name changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HARDY, BOBBY M.	1.2 NAME	
STREET ADDRESS	5620 GULF OF MEXICO DR	1.3 STREET ADDRESS	910 64th St. West
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HARDY, MELODY K.	2.2 NAME	
STREET ADDRESS	5144 GULF OF MEXICO DR	2.3 STREET ADDRESS	910 64th St. West
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HARDY, J. GREGORY	3.2 NAME	
STREET ADDRESS	5260 GULF OF MEXICO DR	3.3 STREET ADDRESS	6904 Manatee Ave. West #35C
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	Bradenton, FL 34209
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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ 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: Bobby M Hardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)