

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 174724

Entity Name: HARDRIVES OF DELRAY, INC.**Current Principal Place of Business:**2101 S. CONGRESS AVE.
DELRAY BEACH, FL 33445**Current Mailing Address:**2101 S. CONGRESS AVE.
DELRAY BEACH, FL 33445**FEI Number:** 59-0702991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELMORE, GEORGE T
2101 S. CONGRESS AVE.
DELRAY BEACH, FL 33445 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	POSTON, W ALLEN
Address	2101 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

Title	PD
Name	ELMORE, GEORGE T
Address	2101 S. CONGRESS AVENUE
City-State-Zip:	DELRAY BEACH FL 33445

Title	VP
Name	ELMORE, CRAIG K
Address	2101 SOUTH CONGRESS AVE
City-State-Zip:	DELRAY BEACH FL 33445

Title	SD
Name	ELMORE, DEBRA
Address	2101 S. CONGRESS AVE
City-State-Zip:	DELRAY BEACH FL 33445

Title	TREASURER
Name	ELMORE, LISA
Address	2101 S CONGRESS AVE
City-State-Zip:	DELRAY BEACH FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE T. ELMORE**PRESIDENT****04/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date