

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

**FILED**  
**Mar 25 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 # P94000068329 (9)**

1. Corporation Name  
**VAN-HART, INC.**



Principal Place of Business: **171 SPRINGLINE DR. VERO BEACH FL 32963**  
 Mailing Address: **301 S MCDOWELL ST STE 1000 CHARLOTTE NC 28204-2674 US**

3. Date Incorporated or Qualified: **09/16/1994**  
 3a. Date of Last Report: **03/05/1996**  
 4. FEI Number: **65-0522507**  
 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: 21 Sube, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 Sube, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

**HARTON, JACK P  
 171 SPRINGLINE DR.  
 VERO BEACH FL 32963**

**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 607.0302 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**

State or type for product name of registered agent, see title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
	<b>DP HARTON, JACK P</b>	<b>171 SPRINGLINE DR.</b>	<b>VERO BEACH FL 32963</b>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
	<b>DST HARTON, DALE V</b>	<b>171 SPRINGLINE DR.</b>	<b>VERO BEACH FL 32963</b>	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I, the undersigned, 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:** *J.P. Harton* **Pres.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-97**  
 Date

Division of Public

CR2E034 (9/96)