FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:50

DOCUMENT # 671161 (8)

1. Corporation Name
HARBOR SERVICES, INC.

Principal Place of Business
105 GLEN CHEEK DR.
PO BOX 816
CAPE CANAVERAL FL 32920

Mailing Address
105 GLEN CHEEK DR
PO BOX 816
CAPE CANAVERAL FL 32920
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1980
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2010134 — 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

9. Name and Address of Current Registered Agent
CALLAN, DAVID P.
611 MONROE AVENUE
CAPE CANAVERAL FL 32920

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOLTZ, JOHN M.	1.2 NAME	
STREET ADDRESS	115 HERON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P D	2.1 TITLE	☐ Change ☐ Addition
NAME	CALLAN, DAVID P.	2.2 NAME	
STREET ADDRESS	616 MONROE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ORTON, G. DREW	3.2 NAME	
STREET ADDRESS	223 VIA HAVARRE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARRITT FL	3.4 CITY-ST-ZIP	
TITLE	D S	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMILLIN, EARL R.	4.2 NAME	
STREET ADDRESS	399 ANGELO LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(k), 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 a 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 is an attachment with an address.

SIGNATURE: [signature] 2/11/95 407-783-4645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480119 FP