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 # **671161** **(8)**

1. Corporation Name
HARBOR SERVICES, INC.

Principal Place of Business	Mailing Address
105 GLEN CHEEK DR PO BOX 816 CAPE CANAVERAL FL 32920	105 GLEN CHEEK DR PO BOX 816 CAPE CANAVERAL FL 32920 US

3. Date Incorporated or Qualified: **05/23/1980**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 816
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CAPE CANAVERAL FL
Zip 24 / Country 25	Zip 29 32920-0816 / Country 30 BREVARD

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: EARL R. McMILLIN
82 Street Address (P.O. Box Number is Not Acceptable): 398 HOLMAN ROAD
83 CA
84 City: CAPE CANAVERAL FL 85 Zip Code: 32920

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] EARL R. McMILLIN PRESIDENT — DATE 1/16/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	BOLTZ, JOHN M.		1.2 NAME	BOLTZ, JOHN M.
STREET ADDRESS	115 HERON DRIVE		1.3 STREET ADDRESS	115 HERON DRIVE
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	P D	☐ DELETE	2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	CALLAN, DAVID P.		2.2 NAME	CALLAN, DAVID P.
STREET ADDRESS	616 MONROE AVENUE		2.3 STREET ADDRESS	616 MONROE AVENUE
CITY-ST-ZIP	CAPE CANAVERAL FL		2.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	D	☐ DELETE	3.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ORTON, G. DREW		3.2 NAME	ORTON, G. DREW
STREET ADDRESS	223 VIA HAVARRE		3.3 STREET ADDRESS	1690 SANDPIPER STREET
CITY-ST-ZIP	MARRITT FL		3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D S	☐ DELETE	4.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MCMILLIN, EARL R.		4.2 NAME	McMILLIN, EARL R.
STREET ADDRESS	399 ANGELO LANE		4.3 STREET ADDRESS	398 HOLMAN ROAD
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
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)(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 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: [signature] EARL R. McMILLIN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/16/96 — Daytime Phone # (407) 783-4645

CR2E034 (12/95)