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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **671161**

1. Corporation Name
HARBOR SERVICES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/23/1980

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

4. FEI Number: 59-2010134 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCMILLIN, EARL R
398 HOLMAN ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BOLTZ, JOHN M.		1.2 NAME	Boltz, John M.	
STREET ADDRESS	115 HERON DRIVE		1.3 STREET ADDRESS	115 Heron Dr.	
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	D	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	CALLAN, DAVID P.		2.2 NAME	Callan, David P.	
STREET ADDRESS	616 MONROE AVENUE		2.3 STREET ADDRESS	616 Monroe Ave.	
CITY-ST-ZIP	CAPE CANAVERAL FL		2.4 CITY-ST-ZIP	Cape Canaveral, FL, 32920	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ORTON, G. DREW		3.2 NAME	Orton, G. Drew	
STREET ADDRESS	1690 SANDPIPER STREET		3.3 STREET ADDRESS	1690 Sandpiper St.	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	Merritt Island, FL, 32953	
TITLE	P	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCMILLIN, EARL R.		4. 2 NAME	McMillin, Earl R.	
STREET ADDRESS	398 HOLMAN ROAD		4.3 STREET ADDRESS	398 Holman Rd.	
CITY-ST-ZIP	CAPE CANAVERAL 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		

CR2E034 (11/98)

14. *I hereby 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, with all other like empowered.

SIGNATURE: [signature] President/Director 1-6-99 407-783-4645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #