

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 702622 (2)**

1. Corporation Name  
**HARBOR ACRES GROUP, INC.**



Principal Place of Business: **3716 RUBIN RD JACKSONVILLE FL 32257**  
Mailing Address: **3716 RUBIN RD JACKSONVILLE FL 32257**

3. Date Incorporated or Qualified: **06/28/1961**  
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>3753 Harbor Acres Ln.</b>	26 <b>3753 Harbor Acres Lane</b>	<b>59-2348599</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 <b>Jacksonville, FL</b>	28 <b>Jacksonville, FL</b>		
Zip	Country	29	30
24 <b>32257</b>	25 <b>Duval</b>	29 <b>32257</b>	30 <b>Duval</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>-RANDLE, RICHARD L - -3716 RUBIN RD - -JACKSONVILLE FL 32257 -</b>	81 Name: <b>Robert B. Dunlap</b>
	82 Street Address (P.O. Box Number is Not Acceptable): <b>3753 Harbor Acres Lane</b>
	83
	84 City: <b>Jacksonville</b> FL 85 Zip Code: <b>32257</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Robert B. Dunlap* **Robert B. Dunlap, Reg. Agent** DATE: **1/22/96**  
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	<b>RD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P, T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANDLE, RICHARD L</b>	1.2 NAME	<b>Robert B. Dunlap</b>
STREET ADDRESS	<b>3716 RUBIN RD.</b>	1.3 STREET ADDRESS	<b>3753 Harbor Acres Lane</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>RD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP, T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RINAMAN, JAMES C</b>	2.2 NAME	<b>Robert E. O'Quinn</b>
STREET ADDRESS	<b>3736 RUBIN RD.</b>	2.3 STREET ADDRESS	<b>3715 Harbor Acres Lane</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T, T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURT, RALPH A</b>	3.2 NAME	<b>Ralph A. Burt</b>
STREET ADDRESS	<b>3766 HARBOR ACRES LANE</b>	3.3 STREET ADDRESS	<b>3766 Harbor Acres Lane</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>S, T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Jeffrey B. Marks</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3771 Rubin Road</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>200001752882</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>200001752882</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>-03/21/96--01026--026</b>
			<b>***61.25</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert B. Dunlap* DATE: **1/22/96** (904) 262-4242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)