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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S52839

1. Corporation Name
HARRY S OF AMERICA, INC.

Principal Place of Business
1018 N. THIRD ST.
JACKSONVILLE BEACH FL 32250

Mailing Address
1018 N. THIRD ST.
JACKSONVILLE BEACH FL 32250



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1991

4. FEI Number
59-3076548

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 1056 N. THIRD ST.

Suite, Apt. #, etc.
22 JACKSONVILLE BEACH, FL

City & State
23 32250 USA

Zip Country
24 32250 25 USA

2a. Mailing Address
26 1056 N. THIRD ST.

Suite, Apt. #, etc.
27 JACKSONVILLE BEACH, FL

City & State
28 32250 USA

Zip Country
29 32250 30 USA

9. Name and Address of Current Registered Agent

SAIG, LOUIS M
9959 CIDER KEG COURT
JACKSONVILLE FL 32256

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SAIG, LOUIS M
STREET ADDRESS 9959 CIDER KEG COURT
CITY-STATE-ZIP JACKSONVILLE FL ☐ DELETE

TITLE SD
NAME SAIG, GREG S
STREET ADDRESS 1911 BEACH AVE.
CITY-STATE-ZIP ATLANTIC BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE TREASURER ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME WILLIAM SCHEEL
3.3 STREET ADDRESS 114 SE 1ST STREET
3.4 CITY-STATE-ZIP GAINESVILLE, FL 32601

4.1 TITLE V.P. ☐ Change ☒ Addition
4.2 NAME TODD LINDBERRY
4.3 STREET ADDRESS 176 OCEAN BLVD
4.4 CITY-STATE-ZIP ATLANTIC BEACH, FL 32233

5.1 TITLE V.P. ☐ Change ☒ Addition
5.2 NAME JEFF JABOT
5.3 STREET ADDRESS 2233 COMMODORES CLUB
5.4 CITY-STATE-ZIP ST. AUGUSTINE, FL 32084

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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: Louis M. Saig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)