

**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 MAR 30 AM 8:52

DOCUMENT # **S73945** (5)

1. Corporation Name  
**HARBOURSIDE CONSTRUCTION, INC.**

Principal Place of Business Mailing Address  
**9751 MAINSAIL CT FT. MYERS FL 33919 US** **9694 GALLEY CT FT. MYERS FL 33919 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/19/1991** 3a. Date of Last Report **04/21/1994**

4. FEI Number **65-0279581** 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

2. Principal Place of Business Mailing Address  
21 **9694 Galley Ct. Ft Myers, 33919** 25  
22 Suite, Apt #, etc. 27 Suite, Apt #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**WINER, STEVEN I.  
12800 UNIVERSITY DRIVE  
SUITE 600  
FORT MYERS FL 33907**

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 (print or printed name of registered agent and the applicable

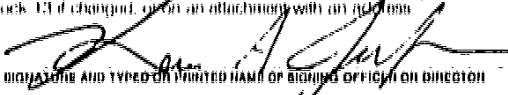
NOTE: Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>COLTON, JERRY E.</b>
STREET ADDRESS	<b>9823 ENSIGN COURT</b>
CITY- ST- ZIP	<b>FORT MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>COLTON, SANDRA J.</b>
STREET ADDRESS	<b>9823 ENSIGN COURT</b>
CITY- ST- ZIP	<b>FORT MYERS FL</b>
TITLE	<b>P</b>
NAME	<b>JENKINS, FRANK R.</b>
STREET ADDRESS	<b>9823 ENSIGN CT</b>
CITY- ST- ZIP	<b>FT. MYERS FL</b>
TITLE	<b>S</b>
NAME	<b>JENKINS, KERRI A.</b>
STREET ADDRESS	<b>9823 ENSIGN CT</b>
CITY- ST- ZIP	<b>FT. MYERS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>12550 Marina Club Dr.</b>
14 CITY- ST- ZIP	<b>Ft Myers, FL 33919</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>12550 Marina Club Dr</b>
24 CITY- ST- ZIP	<b>Ft MYERS, FL 33919</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>9694 Galley Ct.</b>
34 CITY- ST- ZIP	<b>Ft MYERS, FL 33919</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>9694 Galley Ct</b>
44 CITY- ST- ZIP	<b>Ft MYERS, 33919</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 under Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/95 (813) 433-1832