

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S73945 (5)

1. Corporation Name
HARBOURSIDE CONSTRUCTION, INC.



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

3. Date Incorporated or Qualified: **08/19/1991**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business: **9694 Galley Ct**
21. Sube. Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Sube. Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

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

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
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 of the person changing the agent's name

Signature of the new agent

Date

12. OFFICERS AND DIRECTORS

D COLTON, JERRY E. DELETE
11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

D COLTON, SANDRA J. DELETE
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

P JENKINS, FRANK R. DELETE
31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

S JENKINS, KERRI A. DELETE
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

DELETE
51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

DELETE
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP Change Addition
21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP Change Addition
31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP Change Addition
41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP Change Addition
51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP Change Addition
61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-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 (change) or in an attachment with an address.

SIGNATURE: *Frank R. Jenkins* Frank R. Jenkins President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-433-1832
Dialing Prefix

CR2E034 (12/95)