

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V02913** (4)

1. Corporation Name

SWEENEY HARBERT & MUMMERT, INC.

Principal Place of Business

777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

Mailing Address

777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1991

4. FEI Number

59-3099005

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **SAME**

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HARBERT, DAVID O
777 SOUTH HARBOR ISLAND ROAD
SUITE 130
TAMPA FL 33602

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 607.0702 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 implications of, Section 607.0505, Florida Statutes.

SIGNATURE

David O. Harbert

DAVID O. Harbert

1/8/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **HARBERT, DAVID O**
STREET ADDRESS **4908 LYFORD CAY**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VPT**
STREET ADDRESS **SWEENEY, JAMES W**
CITY - ST - ZIP **4916 NEW PROVIDENCE AVE**
TAMPA FL

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **SWEENEY, JAMES W**
CITY - ST - ZIP **4916 NEW PROVIDENCE AVE**
TAMPA FL 33629

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 an attachment with an address.

SIGNATURE

David O. Harbert

DAVID O. Harbert

1/8/98

813-229-5360

CR2E034 (10/97)