

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

FILED

Feb 17 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 # **P38355** (4)
1. Corporation Name
HARMON ASSOC., CORP.

Principal Place of Business

**86 GARDEN ST
WESTBURY NY 11590
US**

Mailing Address

**C/O TAX DEP.
1919 SOUTH BROADWAY
GREEN BAY WI 54304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1992	
21	120 Tredegar Street	26	P. O. Box 2218	4. FEI Number 11-2042847	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
23	Richmond VA	28	Richmond VA	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
24	Zip	25	Country		
23219		USA			
29	Zip	30	Country		
23218		USA			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/D
NAME	DEMEUSE, DONALD H.	1.2 NAME	Ernst A. Haberli
STREET ADDRESS	%1919 SOUTH BROADWAY	1.3 STREET ADDRESS	120 Tredegar Street
CITY-ST-ZIP	GREEN BAY WI	1.4 CITY-ST-ZIP	Richmond VA 23219
TITLE	CD	2.1 TITLE	
NAME	HARVEY, NORMAN	2.2 NAME	
STREET ADDRESS	%1919 SOUTH BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI	2.4 CITY-ST-ZIP	
TITLE	PTD	3.1 TITLE	
NAME	HARVEY, JOYCE	3.2 NAME	
STREET ADDRESS	%1919 SOUTH BROADWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	LEWIS, FULTON D.	4.2 NAME	
STREET ADDRESS	%1919 SOUTH BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN BAY WI	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VC/D
NAME	HEMPEL, KATHLEEN J.	5.2 NAME	Michael T. Riordan
STREET ADDRESS	%1919 SOUTH BROADWAY	5.3 STREET ADDRESS	120 Tredegar Street
CITY-ST-ZIP	GREEN BAY WI	5.4 CITY-ST-ZIP	Richmond VA 23219
TITLE	VSD	6.1 TITLE	V/S/D
NAME	NELLEN, JAMES W., II	6.2 NAME	Clifford A. Cutchins, IV
STREET ADDRESS	%1919 SOUTH BROADWAY	6.3 STREET ADDRESS	120 Tredegar Street
CITY-ST-ZIP	GREEN BAY WI	6.4 CITY-ST-ZIP	Richmond VA 23219

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 on an attachment with an address.

SIGNATURE:

Clifford A. Cutchins, IV

6-27-98

804-644-5411

CR2E034 (10/97)