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Jan 23, 1999 8:00am  
Secretary of State

01-23-1999 90009 032 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 120320

1. Corporation Name

WITHERS AND HARSHMAN INC

Principal Place of Business

526 PARK ST.  
P.O. BOX 1299  
SEBRING FL 33871-1299  
US

Mailing Address

526 PARK ST.  
P.O. BOX 1299  
SEBRING FL 33871-1299  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1929

4. FEI Number

59-0515060

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARSHMAN, W E  
526 PARK ST  
SEBRING FL 33870

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 PD  
NAME HARSHMAN, W E  
STREET ADDRESS 1416 N W LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE STD  
NAME SCHUMACHER, C. R.  
STREET ADDRESS 1901 DESOTO PL  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE VD  
NAME ANDREWS, EMMETT  
STREET ADDRESS 2237 NE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE S  
NAME LEHMAN, PATRICIA (ASST)  
STREET ADDRESS 2729 QUEENSWOOD DR.  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE VD  
NAME VICKERS, BARBARA  
STREET ADDRESS 1228 STENewahee AVE  
CITY-ST-ZIP SEBRING FL

☐ DELETE

TITLE TD  
NAME KOCH, LOUISE ASST  
STREET ADDRESS 1908 DELEON PL  
CITY-ST-ZIP SEBRING FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. R. Schumacher Jan. 7, 1999 941-385-5149

Date

Daytime Phone #

CR2E034 (11/98)