

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

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90017 028 ***450.00

0488839

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 221695

1. Corporation Name
HAR - VAL, INC.

Principal Place of Business

THOMAS V INFANTINO
9699 E GOSPEL ISLAND RD
INVERNESS FL 32650

Mailing Address

P O BOX 2503
9699 E GOSPEL ISLAND RD
INVERNESS FL 34451
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1959

4. FEI Number

59-6075463

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

21 609 US 4 So.
Suite, Apt. #, etc.

22

City & State

23 INVERNESS, FL

Zip Country

24 34450 25 USA

9. Name and Address of Current Registered Agent

INFANTINO SR, THOMAS V
9699 E GOSPEL ISLAND RD
INVERNESS FL 32650

26

City & State

27 INVERNESS FL

Zip Country

28 34451 29

30

10. Name and Address of New Registered Agent

81 Name

THOMAS V. INFANTINO JR.

82 Street Address (P.O. Box Number is Not Acceptable)

PO BOX 542

83 180 So Knowles

84 City

WINTER PARK

FL

85 Zip Code

32789

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 607.0503, Florida Statutes.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME INFANTINO SR, THOMAS V
STREET ADDRESS P O BOX 2526 609 US 41 SOUTH
CITY-ST-ZIP INVERNESS FL 34451

TITLE D ☐ DELETE

NAME INFANTINO JR, THOMAS V
STREET ADDRESS P O BOX 2526 609 US 41 S
CITY-ST-ZIP INVERNESS FL 34451

TITLE SVD ☐ DELETE

NAME INFANTINO, FRANCES
STREET ADDRESS P O BOX 2526 609 US HWY 41 SOUTH
CITY-ST-ZIP INVERNESS FL 34451

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D & RES. AGENT

2.3 STREET ADDRESS THOMAS V. INFANTINO JR.

2.4 CITY-ST-ZIP 180 So Knowles - Suite 7

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME WINTER PARK, FL. 32789

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 352-726-9478
Date Daytime Phone #

CR25034 (11/98)