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

PROFIT CORPORATION ANNUAL REPORT

1996

HARLLEE - GARGIULO, INC.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

337402

(2)

FILED May 01 1996 8:00 am Secretary of State

Principal Place	of Business	Mailing Address	A HARLOR HAND FILLY SANDY BI	inia nial ainni niais Biril	DIDER MIDIT MICHTING			
U S HIGHN P. O. BOX PALMETTO	-	U S HIGHWAY 301 P. O. BOX 8 PALMETTO FL 3422						
PALMETTO	7L 34220	PALMETTO PL 3922	.0		3. Date incorporated or Qualified	3a. Date of Last		
					11/06/1968	04/28/		
_2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied F			
21		26			59-1224354		Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc. 27			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be			
23	Country	28			Audeu to Fees			
Zφ •••	25	Zip Coun 29 30		ry	8. This corporation has liability for intangible tax under s Florida Statutes 【Yes □ No		s 199.032,	
24	9. Name and Address of Curre				10. Name and Address of New F			
	g, riamo una riadicos si carro	The state of the s	В	1 Name	10, Italia and Address of Hew F	logistored Agent	* *	
HADU	EE IOUNI D. III							
	EE, JOHN P. III		6	2 Street Addi	ress (P.O. Box Number is Not Acceptable)			
	MANATEE AVE. WEST		Ē	3				
BRADE	ENTON FL 34205		"	1				
			8	4 City		 8 5	Zip Code	
		10074500 51 (1 0)			ration submits this statement for the pu	FL "		
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authori:	zed by the co	poration's boa	rd of directors. I hereby accept the app	ointment as register	ed agent. I am	
SIGNATORE	Signature, typed or printed name of registered agen	Land title if applicable (N	OTE: Rugistered A	eriuper srutangia I rej	d when reinstatingi	(IAI)		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12	
TITLE	DE	☐ DELETE	1 1 TITE	E	•	Chang	e 🔲 Addit:on	
NAME	HARLLEE, PETER S		1.2 NAM	E				
STREET ADDRESS	2308 HWY 301 N.		1.3 STRE	et address				
CITY-ST-ZIP	PALMETTO FL		1.4 CiTY	-ST-ZiP				
TITLE	DV	☐ DELETE	2 1 TITL	E		☐ Chang	e 🔲 Addition	
NAME	GARGIULO, JEFFREY		2.2 NAM	E				
STHEET ADDRESS	15000 OLD 41 N.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	NAPLES FL	N. SEL ST. TTE WHEN THE SELECTION OF THE	2 4 CITY	-ST - ZIP				
TriLE	PD	DELETE	3 1 TITL	F		☐ Chang	e 🔲 Addition	
NAME .	Harllee, Peter S Jr.		3.2 NAM	E				
STREET ADDRESS	2308 HWY 301 N.		3 3. STR	ET ADDRESS				
CITY-S1-ZIF	PALMETTO FL	*** **********************************	3.4 C/TY	-ST-ZIP			·····	
1ITLE	CSTD	☐ DELETE	4. 1 TITL	E		☐ Chang	e 🔲 Addition	
NAME	WHISENANT, R B		4.2 NAM	F				
STHEET ADDRESS	SR 62 EAST		4.3 STRE	et address				
CITY-ST-ZIP	PARRISH FL		4.4 City	- ST - ZIP				
THILE	VASD	DELÉTE	5. 1 Tift	E		☐ Chang	e 🔲 Addition	
NAME	HUNSADER, ROBERT		5.2 NAM	ŧ				
STREET ADDRESS	4507 22ND AVE. W.		5 3 STRE	ET ADDRESS				
CITY-ST-ZIP	BRADENTON FL	•	5 4 CITY	· \$1 · 21P				
THILE	AS	☐ DELETE	6 1 TIFL	[☐ Chang	e 🔲 Addition	
NAME	BOYSLTON, ALICE H		6.2 NAM	Ε				
STREET ADDRESS	2105 5TH ST. W.		6.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221		64 CITY	-ST-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 cath; 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 Brok 13 if changed, or or an attachment with an address.

SIGNATURE:

Peter S. Harllee, Jr. 4/25/96 941/722-7747

Balt Deptine Priorie #

CR2E034 (12/95)