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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **337402** **(2)**

1. Corporation Name
HARLLEE - GARGIULO, INC.

Principal Place of Business	Mailing Address
U S HIGHWAY 301 EAST P. O. BOX 8 PALMETTO FL 34220	U S HIGHWAY 301 EAST P. O. BOX 8 PALMETTO FL 34220-0008

3. Date Incorporated or Qualified: **11/06/1968**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-1224354** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARLLEE, JOHN P. III
1205 MANATEE AVE. WEST
BRADENTON FL 34205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARLLEE, PETER S		1.2 NAME	
STREET ADDRESS	2308 HWY 301 N.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARGIULO, JEFFREY		2.2 NAME	
STREET ADDRESS	15000 OLD 41 N.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARLLEE, PETER S JR.		3.2 NAME	
STREET ADDRESS	2308 HWY 301 N.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP	
TITLE	CSTD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WHISENANT, R B		4.2 NAME	
STREET ADDRESS	SR 62 EAST		4.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL		4.4 CITY-ST-ZIP	
TITLE	VASD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HUNSADER, ROBERT		5.2 NAME	
STREET ADDRESS	4507 22ND AVE. W.		5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BOYSLTON, ALICE H		6.2 NAME	
STREET ADDRESS	2105 5TH ST. W.		6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Peter S Harllee III 4/11/97 941/722-7747