SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:07

DOCUMENT # **371531** **(5)**

1. Corporation Name
HARLAN CONSTRUCTION CO., INC.

2628 Newton St. Ft. Myers, Fl. 33901

Principal Place of Business	Mailing Address
2628 NEWTON AVE FORT MYERS FL 33901	2628 NEWTON AVE FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2628 Newton St. Same

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Ft Myers	Suite, Apt. #, etc. 27
City & State 23 Fl.	City & State 28
Zip 24 33901 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/20/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1596640 ☐ 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	10. Name and Address of New Registered Agent
HARLAN, JAMES LEE 2628 NEWTON AVE FT MYERS FL 33901	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 Marlyce J. Harlan — Marlyce J. Harlan — 6-12-95
(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	11 TITLE	☐ Change ☐ Addition
NAME	HARLAN, JAMES LEE	12 NAME	
STREET ADDRESS	2628 NEWTON AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	HARLAN, MARLYCE JOY	22 NAME	
STREET ADDRESS	2628 NEWTON AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	HARLAN, STEVEN JAMES	32 NAME	
STREET ADDRESS	2628 NEWTON AVE	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	HARLAN, JODY ANN	42 NAME	
STREET ADDRESS	2920 JACKSON ST	43 STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Marlyce J. Harlan — Date — Daytime Phone #
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Marlyce J. Harlan

0106440 CP