FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JUL 18 AM 8:11

DOCUMENT # **539005** **(9)**

1. Corporation Name
HARBOR HOTEL CORPORATION

Principal Place of Business	Mailing Address
2502 ROCKY POINT ROAD SUITE 690 TAMPA FL 33607	2502 ROCKY POINT ROAD SUITE 690 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1977
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 c/o MADISSON BAY HARBOR INN
Suite, Apt. #, etc.
22 7700 COURTNEY CAMPBELL CSWY
City & State
23 TAMPA FLORIDA
Zip 24 FL 33607 Country 25 USA

2a. Mailing Address
26 c/o MADISSON BAY HARBOR INN
Suite, Apt. #, etc.
27 7700 COURTNEY CAMPBELL CSWY
City & State
28 TAMPA FLORIDA
Zip 29 FL 33607 Country 30 USA

4. FEI Number: 59-1763306 ☐ 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

TATE, MARK T
501 EAST KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

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 7-12-95
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	CD	11 TITLE	☐ Change ☐ Addition
NAME	STEINBRENNER, GEORGE M	12 NAME	
STREET ADDRESS	2502 ROCKY POINT ROAD SUITE 690	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	STEINBRENNER, JOAN Z	22 NAME	
STREET ADDRESS	2502 ROCKY POINT RD SUITE 890	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	STEIMLE, DON	32 NAME	
STREET ADDRESS	2502 ROCKY POINT RD	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	STEINBRENNER, HAROLD Z	42 NAME	
STREET ADDRESS	2502 ROCKY POINT RD SUITE 690	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☑ Change ☐ Addition
NAME	SIBAYAN, JOHN	52 NAME	DELETE
STREET ADDRESS	2502 ROCKY POINT RD SUITE 690	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STEINBRENNER, HENRY G	62 NAME	
STREET ADDRESS	2502 ROCKY POINT RD SUITE 890	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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)(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: _____ 7/15 (904) 732-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442704 FP