FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 551401 (3)

1. Corporation Name
TOM HARVELL & ASSOCIATES, INC.

Principal Place of Business
1311 GLENGREEN LANE
LAKELAND FL 33813

Mailing Address
1311 GLENGREEN LANE
LAKELAND FL 33813-1802

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/25/1977
3a. Date of Last Report: 05/24/1996
4. FEI Number: 59-1795006 ☐ 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
HARVELL, THOMAS D.
1311 GLENGREEN LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent
81 Name: CAROL L. HARVELL
82 Street Address (P.O. Box Number is Not Acceptable): 1311 GLENGREEN LANE
83
84 City: LAKELAND FL 85 Zip Code: 33813

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: Carol L. Harvell CAROL L. HARVELL PVD MARCH 14, 1997
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	PTD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARVELL, THOMAS D.		1.2 NAME		
STREET ADDRESS	1311 GLENGREEN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	PVD	☒ Change ☐ Addition
NAME	HARVELL, CAROL L.		2.2 NAME		
STREET ADDRESS	1311 GLENGREEN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME			3.2 NAME	DAVID HARVELL	
STREET ADDRESS			3.3 STREET ADDRESS	2270 E. SHREWSBURY RUN	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	COLLIERVILLE, TN 38017	
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME			4.2 NAME	LYNETTE RAFFIO	
STREET ADDRESS			4.3 STREET ADDRESS	1146 THOMASVILLE LANE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Carol L. Harvell CAROL L. HARVELL 3-14-97 941 644 8805