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

APPROVED AND FILED

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 634846 (0)

1. Corporation Name

HARMAC DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1503 W. SMITH ST. P.O.BOX 540284 ORLANDO FL 32854-7284	1503 W. SMITH ST. P.O.BOX 540284 ORLANDO FL 32854-7284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1979
3a. Date of Last Report: 04/19/1994

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

4. FEI Number: 59-2044147 ☐ 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

PEACOCK, ROBERT W., JR., ESQ.
SUITE 600, LANDMARK CENTER ONE
315 E. ROBINSON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: W. E. McCully
82 Street Address (P.O. Box Number is Not Acceptable): 1503 W. Smith
83:
84 City: Orlando FL 85 Zip Code: 32804

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: W. E. McCully
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	MCCULLY, W E	12 NAME	
STREET ADDRESS	1503 W. SMITH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TALTON, ELEANOR	22 NAME	300001488253
STREET ADDRESS	69 INTERLAKEN RD	23 STREET ADDRESS	-05/16/95--01018--010
CITY-ST-ZIP	ORLANDO, FL 00000	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MCCULLY, WALTER A	32 NAME	
STREET ADDRESS	1503 W. SMITH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WHEELER, B F, JR	42 NAME	
STREET ADDRESS	6065 LAKE CHARM CIR	43 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 00000	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	MCCULLY, DAVID E	52 NAME	
STREET ADDRESS	1503 W. SMITH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: W. E. McCully Jan. 28, 1994 JW
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Title

0410720 FP