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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 646840

1. Corporation Name

HARMON ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | | i | | | |
|---|--|--|--|--|---|--|-------------------|--|
| | | P O BOX 614 | O BOX 614 | | | | | |
| POST OFFICE | | POST OFFICE BOX 614 | | | | | | |
| INGLIS FL 344 | 449 | INGLIS FL 34449 | | | | DO NOT WRITE IN THIS SPACE | | |
| US US | | | | | | 3. Date Incorporated or Qualifed | | |
| | <u> </u> | | | | | 12/01/1979 | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4 55(4) | ed For | |
| 21 26 | | 26 | | | | FO 4050050 | pplicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | - | 5 Contifered of Status Posited \$8.75 Add | | | |
| 22 27 27 | | | | | | 5. Certificate of Status Desired | | |
| City & State City & State | | | | | | | | |
| 23 | | ⊢ ' | 1 | | | 6. Election Campaign Financing \$5.00 Ma | | |
| Zip Country | | | Zip Country | | | Trust Fund Contribution Added to F | ees | |
| 24 | F-1 . F-1 . | | _ ′ | | | 8. This corporation owes the current year Intangible | ļ | |
| | | 29 | 30 | | | | No | |
| \.e ¹ | 9. Name and Address of Current | Registered Agent | | 04 | | 10. Name and Address of New Registered Agent | | |
| HAE | RMON, HAROLD D | | | 81 | Name | | | |
| 14/17:00 | OUR ROAD | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| | | | | | Ou cot Addi | reas (1.0. box runner is not Acceptable) | | |
| | D. BOX 614 | | , | 83 | · | 7 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11111111 | |
| ING | LIS FL 34449 | | | | | | | |
| | | | | 84 | City | ₽ 85 Zip Cod | e | |
| 11 Pursuant | to the provisions of Sections 607 0603 | and 607 1500 Elevide Charles | | | | <u> </u> | | |
| office or | registered agent, or both, in the State of | Florida: Such change was a | ies, the at authorized | bove bv t | r-named corp the corporation | poration submits this statement for the purpose of changing its reg on's board of directors. I hereby accept the appointment as regist | istered, | |
| ## agent. I a | am familiar with, and accept the obligation | ons of, Section 607.0505, Flo | rida Statu | ites. | | over board or an octore. Thereby accept the appointment as regist | 160 | |
| SIGNATURE | | 1 G | | | | | | |
| | Signature, typed or printed name of registered agent a | | Registered . | Agent | signature required | d when reinstating) (🧳) DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD . | · DELETE | 1.1 TIT | LE | | | Addition | |
| NAME | HARMON, HAROLD D. | | 1.2 NA | ME | | * //.* / | Ī | |
| STREET ADDRESS | 860UR ROAD, P. O. BOX 614 | | 1.3 ST | REET | ADDRESS : | | | |
| CITY-ST-ZIP | INGLIS FL | , | 1.4 CIT | | | | | |
| TITLE | - Note: | ☐ DELETE | 2.1 TITI | | ZII | ☐ Change | 7 Addition | |
| NAME | | | | | ļ | □ Change [| Addition | |
| STREET ADDRESS | | | 2.2 NAJ | | | • | • | |
| | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CIT | IY-ST | -ZIP | in the second se | | |
| TITLE | MON ROSCHO P | ☐ DELETE | 3.1 TITI | LE | | ☐ Change | Addition | |
| NAME (| | | 3.2 NAM | ME | | • | | |
| STREET ADDRESS | 207 313 | | 3.3 STR | REET A | ADDRESS | grand describe the first term of the first term of the state of the st | 1 31/114/ | |
| CITY-ST-ZIP, | ELENTAL GOVERNMENT OF THE STATE | | 3,4, CIT | Y-ST | -ZIP | | | |
| TITLE 19 TAIL | Principles | | 4.1 TITL | | | [i] Change ⇒ [| Addition | |
| NAME NO CHO RIVE | ļ · | ☐ DELETE | | | | | | |
| STREET ADDRESS | la de la companya de | ☐ DELETE | A 2 NIAI | ME | | · · · · · · · · · · · · · · · · · · · | | |
| CITY ST-ZIP | | DELETE | 4. 2 NA | | LDODESC | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | | DELETE | 1 | | ADDRESS | · · · · · · · · · · · · · · · · · · · | | |
| OULE 1 | | Responsible to the second seco | 4.3 STR 4.4 CIT | REET A | | | | |
| | | DELETE # Process Process Process DELETE DELETE | 4.3 STR 4.4 CfT 5.1 TITL | REET A Y-ST- LE | | ☐ Change ☐ |] Addition | |
| NAME | | Responsible to the second seco | 4.3 STR 4.4 CIT | REET A Y-ST- LE | | |] Addition | |
| |) - | Responsible to the second seco | 4.3 STR 4.4 CFTN 5.1 TITL 5.2 NAM | REET A Y-ST- LE ME | | ☐ Change |] Addition | |
| NAME STREET ADDRESS | PE | Responsible to the second seco | 4.3 STR 4.4 CFTN 5.1 TITL 5.2 NAM | REET A Y-ST- LE ME | ZIP | ☐ Change |] Addition | |
| NAME | PET TOPOTOTE AND | Responsible to the second seco | 4.3 STR 4.4 CFD 5.1 TFD 5.2 NAW 5.3 STR | REET A Y-ST- E AE EET A | ZIP | ☐ Change | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PE | Fig. 1. Sec. 1 | 4.3 STR 4.4 CITY 5.1 TITE 5.2 NAM 5.3 STR 5.4 CITY | REET A Y-ST- E ME EET A Y-ST- | ZIP | ☐ Change | Addition Addition | |
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14. I 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 adachment with an address, with all other like empowered.

FILED

Jan 21, 1999 8:00am

Secretary of State

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(352) 441-2176