FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 659279

(4)

HARBOUR REALTY, INC.

Principal Place of Business Mailing Address			I LOBANO BALDA DESCO ADALD NANO ADDAD NORE DEDEL D	IMAN MAMAN MEMAS MEMAS MEMAS SAMA	
3 HARRISON AVE		3 HARRISON AVE			
SUITE 11 PANAMA CITY FL 32401		SUITE 11		DO NOT WRITE IN THIS SPACE	
PANAMA CIT US	Y FL 32401	PANAMA CITY FL 32401 US		3. Date Incorporated or Qualified	3 3 FACE
•		00		03/13/1980	
2. Principal P	Place of Business	2a. Malling Address		4. FEI Number	Applied For
21		26		59-1980425	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	/s-m	o. Certificate of Status Desired	Fee Required
City & Stat	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24]	25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
HAMM, JOHN H. B1 Name					
235 S. COVE TERRACE DRIVE					
PANAMA CITY FL 32401			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
\	WANT OFFICE OFFICE		83		
				1	1001 700 1
			84 City	F	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					
<u></u>	Signature typed or printed name of registried a		Registered Agent signature requir		
12.	OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	HAMM, JOHN H.	C) OFTER	1.1 TITLE		CT Cuantie CT vocation
NAME	235 S. COVE TERR DR		1.2 NAME		
STREET ADDRESS	PANAMA CITY FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	HAMM, JANE H.		2.2 NAME		
STREET ADDRESS	235 S. COVE TERR DR		2.3 STREET ADORESS		
CITY-ST-ZIP	PANAMA CITY FL		2. 4 CITY - ST - ZIP		
TITLE	81	DELETE	3.1 TITLE		Change Addition
NAME	HAMM, JANE H.		3.2 NAME		
STREET ADDRESS	235 S. COVE TERR DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		——————————————————————————————————————
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-7IP		Change Addition
TITLE			6.1 TITLE		C Attailife C Vanition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental 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 tustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changled, or og an attaching my with a plandress.

CIGNATURE.

not been

True 1 W HAMAN 4/30/93

950-769- 3203

FILED

May 21 1998 8:00am

Secretary of State