FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 PM 2:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 677966 (4)

1. Corporate Name

HARBOR SEW & VAC, INC.

Principal Place of Business	Mailing Address
6630 US HWY 19 NEW PORT RICHEY FL 34652 US	6630 US HWY 19 NEW PORT RICHEY FL 34652 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 6604 US Hwy 19	2a. Mailing Address: 26 6604 US Hwy 19
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 New Port Richey Fl.	City & State 28 New Port Richey
Zip 24 34652 Country 25 U.S.	Zip 29 34652 Country 30 U.S.

3. Date Incorporated or Qualified: 07/09/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2016359 — 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

EWERT, RICHARD K.
7855 RIVERDALE DR
NEW PORT RICHEY FL 34653

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, PAULA	NAME	
STREET ADDRESS	7855 RIVERDALE DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	EWERT, RICHARD K	NAME	
STREET ADDRESS	7855 RIVERDALE DR	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

813 8498663
Daytime Phone

0363661 CP