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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **856556** **(6)**

1. Corporation Name
THE HARVEST INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
6277 SEA HARBOR DR 5TH FLR ORLANDO FL 32887 US	6277 SEA HARBOR DR 5TH FLR ORLANDO FL 32821-8098 US

3. Date Incorporated or Qualified: **05/26/1983**
3a. Date of Last Report: **03/12/1996**

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: **34-0936565** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, PATRICK E		1.2 NAME		
STREET ADDRESS	601 UNION STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WORTHMAN, BETH		2.2 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUGUNIN, JEFFREY I.		3.2 NAME		
STREET ADDRESS	601 UNION ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 98101		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EDMONDS, PATRICK L		4.2 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, RICHARD K		5.2 NAME		
STREET ADDRESS	6277 SEA HARBOR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	SRVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STIFF, GEOFFREY S		6.2 NAME		
STREET ADDRESS	601 UNION ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 98101		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: Patrick L Edmonds Patrick L Edmonds 04/04/97 (407) 345-2600