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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
6277 SEA HARBOR DR 5TH FLR
ORLANDO FL 32887
US

Mailing Address
6277 SEA HARBOR DR 5TH FLR
ORLANDO FL 32887
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/26/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 610 Crescent Executive Ct.

2a. Mailing Address
26 PO Box 956004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27

City & State
23 Lake Mary, FL 32746

City & State
28 Lake Mary, FL 32795-6004

Zip
24 32746

Country
25 Seminole

Zip
29 32795-6004

Country
30 Seminole

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME WORTHMAN, BETH
STREET ADDRESS 6277 SEA HARBOR DR.
CITY-ST-ZIP ORLANDO FL

TITLE Y
NAME HUGUNIN, JEFFREY I.
STREET ADDRESS 601 UNION ST
CITY-ST-ZIP SEATTLE WA 98101

TITLE VP
NAME EDMONDS, PATRICK L
STREET ADDRESS 6277 SEA HARBOR DR.
CITY-ST-ZIP ORLANDO FL

TITLE P
NAME LARSON, RICHARD K
STREET ADDRESS 6277 SEA HARBOR DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE SRVP
NAME STIFF, GEOFFREY S
STREET ADDRESS 601 UNION ST
CITY-ST-ZIP SEATTLE WA 98101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 610 Crescent Executive Ct., Suite 400
1.4 CITY-ST-ZIP Lake Mary, FL 32746

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6604 W. Broad St.
2.4 CITY-ST-ZIP Richmond, VA 23230

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 610 Crescent Executive Ct., Suite 400
3.4 CITY-ST-ZIP Lake Mary, FL 32746

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME P
4.3 STREET ADDRESS Pam S. Schutz
4.4 CITY-ST-ZIP 610 Crescent Executive Ct., Suite 400
Lake Mary, FL 32746

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 700 Main Street
5.4 CITY-ST-ZIP Lynchburg, VA 24505

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE

4/10/98

(407) 804-7000

CR2E034 (10/97)