

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856556

1. Corporation Name

THE HARVEST INSURANCE AGENCY, INC.

Principal Place of Business

610 CRESCENT EXECUTIVE CT.
SUITE 400
LAKE MARY FL 32746
US

Mailing Address

P.O. BOX 956004
LAKE MARY FL 32795-6004
US

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90080 006 ***150.00



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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 6610 W. Broad St.
Suite, Apt. #, etc.

26 6610 W. Broad St.
Suite, Apt. #, etc.

22 FSG - 8th Floor
City & State

27 FSG 8th Floor Low 114
City & State

23 Richmond, Va.
Zip

Country

28 Richmond, Va.
Zip

Country

24 23230

25 USA

29 23230

30 USA

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

☐ DELETE

NAME

WORTHMAN, BETH

STREET ADDRESS

610 CRESCENT EXECUTIVE CT., SUITE 400

CITY-ST-ZIP

LAKE MARY FL 32746

TITLE

T

☐ DELETE

NAME

HUGUNIN, JEFFREY I.

STREET ADDRESS

6604 W. BROAD ST

CITY-ST-ZIP

RICHMOND VA 23230

TITLE

VP

☒ DELETE

NAME

EDMONDS, PATRICK L

STREET ADDRESS

610 CRESCENT EXECUTIVE CT., SUITE 400

CITY-ST-ZIP

LAKE MARY FL 32746

TITLE

P

☒ DELETE

NAME

SCHUTZ, PAM S.

STREET ADDRESS

610 CRESCENT EXECUTIVE CT., SUITE 400

CITY-ST-ZIP

LAKE MARY FL 32746

TITLE

SRVP

☐ DELETE

NAME

STIFF, GEOFFREY S

STREET ADDRESS

700 MAIN STREET

CITY-ST-ZIP

LYNCHBURG VA 24505

TITLE

S

☐ DELETE

NAME

S

STREET ADDRESS

S

CITY-ST-ZIP

S

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SRVP General Counsel Secretary

☒ Change

☐ Addition

1.2 NAME

Beth E. Worthman

1.3 STREET ADDRESS

6604 W. Broad St.

1.4 CITY-ST-ZIP

Richmond, Va. 23230

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

VP

☐ Change

☒ Addition

3.2 NAME

Elaine G. Fishman

3.3 STREET ADDRESS

6610 W. Broad St.

3.4 CITY-ST-ZIP

Richmond, Va. 23230

4.1 TITLE

President

☒ Change

☒ Addition

4.2 NAME

Thomas M. Stinson

4.3 STREET ADDRESS

6630 W. Broad St.

4.4 CITY-ST-ZIP

Richmond, Va. 23230

5.1 TITLE

SRVP

☒ Change

☐ Addition

5.2 NAME

Geoffrey S. Stiff

5.3 STREET ADDRESS

6610 W. Broad St.

5.4 CITY-ST-ZIP

Richmond, Va. 23230

6.1 TITLE

SRVP

☐ Change

☒ Addition

6.2 NAME

Robert O. Chinn

6.3 STREET ADDRESS

6630 W. Broad St.

6.4 CITY-ST-ZIP

Richmond, Va. 23230

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)