FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:16

DOCUMENT # **856557** **(4)**

1. Corporation Name
THE HARVEST LIFE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
6277 SEA HARBOR DR 5TH FLR ATTN: TAX DEPT ORLANDO FL 32807 US	6277 SEA HARBOR DR 5TH FLR ATTN: TAX DEPT ORLANDO FL 32807 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1983
3a. Date of Last Report: 03/11/1994

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: 34-1331892 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	Chairman & CEO	☒ Change ☐ Addition
NAME	DAWSON, FREDERICK M.	12 NAME	Patrick E. Welch	
STREET ADDRESS	6277 SEA HARBOR DR.	13 STREET ADDRESS	601 Union Street	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Seattle WA 98101-2336	
TITLE	V	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	MILLER, CHARLES E.,JR.	22 NAME	Alan G. Birsch	
STREET ADDRESS	6277 SEA HARBOR DR.	23 STREET ADDRESS	6277 Sea Harbor Drive	
CITY ST ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando FL 32887	
TITLE	VS	31 TITLE		☐ Change ☐ Addition
NAME	WORTHMAN, BETH	32 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	LARSON, RICHARD K	42 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	HUGUNIN, JEFFREY I.	52 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	EDMONDS, PATRICK L	62 NAME		
STREET ADDRESS	6277 SEA HARBOR DR.	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	64 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 addition.

SIGNATURE: Patrick L. Edmonds 03/28/95 (407) 345-2368
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE — Date — Daytime Phone #
Patrick L. Edmonds

0407044 FN