

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

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

02-25-1999 90080 007 ***150.00

DOCUMENT # 856557

1. Corporation Name

THE HARVEST LIFE 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1983

4. FEI Number

34-1331892

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing

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\$5.00 May Be
Added to Fees

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

☐

Yes

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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

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 SRVP
NAME STIFF, GEOFFREY S
STREET ADDRESS 700 MAIN STREET
CITY-ST-ZIP LYNCHBURG VA 24505

☐ DELETE

TITLE VS
NAME WORTHMAN, BETH
STREET ADDRESS 610 CRESCENT EXECUTIVE CT., SUITE 400
CITY-ST-ZIP LAKE MARY FL 32746

☐ DELETE

TITLE P
NAME SCHUTZ, PAM S.
STREET ADDRESS 610 CRESCENT EXECUTIVE CT., SUITE 400
CITY-ST-ZIP LAKE MARY FL 32746

☒ DELETE

TITLE T
NAME HUGUNIN, JEFFREY I.
STREET ADDRESS 6604 W. BROAD ST.
CITY-ST-ZIP RICHMOND VA 23230

☐ DELETE

TITLE VP
NAME EDMONDS, PATRICK L
STREET ADDRESS 610 CRESCENT EXECUTIVE CT., SUITE 400
CITY-ST-ZIP LAKE MARY FL 32746

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SRVP
1.2 NAME STIFF, Geoffrey S.
1.3 STREET ADDRESS 6610 W Broad St.
1.4 CITY-ST-ZIP Richmond, Va. 23230

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Change

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Addition

2.1 TITLE SRVP, General Counsel, Secretary
2.2 NAME Beth E. Wortman
2.3 STREET ADDRESS 6604 W. Broad St.
2.4 CITY-ST-ZIP Richmond, Va. 23230

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Change

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Addition

3.1 TITLE President
3.2 NAME Thomas M. Stinson
3.3 STREET ADDRESS 6630 W. Broad St.
3.4 CITY-ST-ZIP Richmond, Va. 23230

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Change

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Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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Change

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Addition

5.1 TITLE SRVP
5.2 NAME Robert D. Chinn
5.3 STREET ADDRESS 6630 W. Broad St
5.4 CITY-ST-ZIP Richmond, Va. 23230

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Change

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Addition

6.1 TITLE VP
6.2 NAME Elaine G. Fishman
6.3 STREET ADDRESS 6610 W. Broad St
6.4 CITY-ST-ZIP Richmond, Va. 23230

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Change

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Addition

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)