5-15-97 B-7368 MC

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # F21331 (6)

1. Corporation Name
HARBOUR RIDGE, INC.

Principal Place of Business	Mailing Address
13403 WAX MYRTLE TRAIL P.O. BOX 2451 STUART FL 34995	13403 WAX MYRTLE TRAIL P.O. BOX 2451 STUART FL 34995-2451

3. Date Incorporated or Qualified: 02/27/1981
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 13400 Gilson Road
Suite, Apt. #, etc.
22 PO Box 2451
City & State
23 Stuart FL
Zip 24 34995 Country 25 US

2a. Mailing Address
26 13400 Gilson Road
Suite, Apt. #, etc.
27 PO Box 2451
City & State
28 Stuart FL
Zip 29 34995 Country 30 US

4. FEI Number: 59-2124757 ☐ 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

SCHULER, JACK C.
13403 WAX MYRTLE TRAIL
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: SCHULER, JACK C.
82 Street Address (P.O. Box Number is Not Acceptable): 13400 Gilson Road
83
84 City: Palm City FL 85 Zip Code: 34990

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DODGE, JOHN B 13403 WAX MYRTLE TRAIL PALM CITY FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP DODGE, JOHN B. 13400 Gilson Road Palm City, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MACKEY, JAMES D 1399 SW SHORELINE DR PALM CITY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCKEY, JOHN D JR 2400 S FEDERAL HWY. STUART FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCHULER, JACK C. 13403 WAX MYRTLE TRAIL PALM CITY FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DV SCHULER, JACK C. 13400 Gilson Road Palm City, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Jack C Schuler 5/15/97 287-1991