

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90058 013 ***158.75

A0018388



DO NOT WRITE IN THIS SPACE

DOCUMENT # F29353

1. Entity Name

HARMON BROS. ROCK COMPANY

Principal Place of Business

Mailing Address

15556 JAMES SCENIC DR
P.O. BOX 488
COPELAND FL 33926
US

15556 JAMES SCENIC DR
P.O. BOX 488
COPELAND FL 34137-0488
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2076651

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONOVAN, WILLIAM A
2660 AIRPORT ROAD
NAPLES FL 33962**

Name **DONALD L. HARMON**

Street Address (P.O. Box Number is Not Acceptable) **15556 JAMES SCENIC DR**

City **COPELAND**

FL

Zip Code **34137**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Donald L. Harmon

2 FEB 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VT** ☐ Delete
NAME **HARMON F. LAWRENCE**
STREET ADDRESS **803 COLLIER AVE 14, P O BOX 127**
CITY-ST-ZIP **EVERGLADES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PS** ☐ Delete
NAME **HARMON, DONALD L**
STREET ADDRESS **15556 JAMES SCENIC DR**
CITY-ST-ZIP **COPELAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald L. Harmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 2000

Date

941-695-4080

Daytime Phone #

CR2E034 (9/99)