2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F32323



FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90084 037 ***150.00

1. Entity Name HARMON'S HEAVY EQUIPMENT COMPANY											
P O BOX 13473 FINTERSECTION HWY 386 AND HWY 98			Mailing Address P O BOX 13473 INTERSECTION HWY 386 AND HWY 98 MEXICO BEACH, FL 32410			gw~~	ı bieni eleni biezi bi	1871 BYBN BYBN	ITS1 (1 IET)		
Principal Place of Business 3.			, Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04122006	Chg-P	CR2E034	(11/05)		
City & State			City & State			4. FEI Numb 59-212				plied For t Applicable	
Zip	Country		(ip	Count	ry		of Status Desired	Fe Fe	8.75 Add e Required		
	6. Name and Address of	Current Registe	ered Agent		Name	7. Name and	Address of New Ro	egistered Age	nt		
HARMON, RYAN L 108 PARADISE COVE BLVD MEXICO BEACH, FL 32410					Street Address (P.O. Box Number is Not Acceptable)						
						"					
	*				City			FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	E NOW!!! FEE IS \$15 ay 1, 2006 Fee will be		Election Campai Trust Fund Contr	-	• – •	\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS 11.						PADITIONS	CHANGES TO OFFI	CERS AND DI	RECTORS	IN 11	
TITLE	PD	2.107110 011120	☐ Delete	TITLE	: 1	ADDITIONS	CI PAGES TO CITT		Change	Addition	
NAME	HARMON, SAMUEL L			NAM	.						
STREET ADDRESS CITY-ST-ZIP	1402 HWY 98 MEXICO BCH, FL 000	000,			ST-ZIP 19	Oa Huy. Nexico K	98 7 OF Beach, PL	30x 134	173		
TITLE NAME	DV HARMON, BARBARA G		☐ Delete	TITLE NAME			4- 0.	<u>.</u>	Change	Addition Addition	
STREET ADDRESS	1402 HWY 98				ET ADDRESS / Y	102 Hwy.	98 PO Beach, F	130× 13	3473		
CITY-ST-ZIP	MEXICO BEACH, FL					rexice i	Beach, F				
TITLE NAME	li		☐ Delete	TITLE				L	_ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP					:	
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CITY-ST-ZIP					ST-ZiP						
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS				NAME	T ADDRESS						
CITY-ST-ZIP					ST-ZIP						
12. 1 hereby c	ertify that the information supp	olied with this filting	ng does not qualify for	the exem	ptions contained	d in Chapter 119, f	Florida Statut es. I	further certify	that the in	formation	

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; an director of that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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-		N			116	_

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-16 850-648-892