

**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

APPROVED  
AND  
FILED

95 APR 20 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F33254 (6)**

1. Corporation Name

**HARBOR ELECTRONICS OF FORT PIERCE, INC.**

Principal Place of Business

**2303 N. FEDERAL HIGHWAY  
FT PIERCE FL 34946**

Mailing Address

**2303 N. FEDERAL HIGHWAY  
FT PIERCE FL 34946**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/04/1981**

3a. Date of Last Report

**04/21/1994**

4. FEI Number

**59-2091644**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCVEY, LEONARD JR.  
2303 N. FEDERAL HIGHWAY  
FT PIERCE FL 34946**

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 maintaining

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PO**

NAME

**DAVIS, ANN**

STREET ADDRESS

**3229 SENECA AVENUE**

CITY - ST - ZIP

**FT PIERCE FL**

TITLE

**VST**

NAME

**MCVEY, LEONARD, JR.**

STREET ADDRESS

**3001 SENECA AVE**

CITY - ST - ZIP

**FT PIERCE FL**

TITLE

**D**

NAME

**MCVEY, LEONARD, JR.**

STREET ADDRESS

**3001 SENECA AVENUE**

CITY - ST - ZIP

**FT PIERCE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 of change, or on an attachment with an address.

SIGNATURE:

*Ann A. Davis*

**ANN A. DAVIS  
PRESIDENT**

**4/17/95**

**407-466-3300**

SIGNATURE WHO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone