

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000270 (9)

1. Corporation Name

HARKNESS SALES EAST, INC.

Principal Place of Business

P.O. BOX 1741
PALM CITY FL 34980
34991

Mailing Address

P.O. BOX 1741
PALM CITY FL 34980
34991



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

HARKNESS, DONALD L
1630 BUTTON BUSH CIRCLE
PALM CITY FL 34990

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

03/03/1995

4. FEI Number

06-1065488

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature of new person (Name, State, Title, and Street Address)

Signature of Registered Agent (Signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3	12.4
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	HARKNESS, DONALD L	1630 BUTTON BUSH CIRCLE	PALM CITY FL 34990
S	HARKNESS, SHARON L	1630 BUTTON BUSH CIRCLE	PALM CITY FL 34990

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3	13.4
TITLE	NAME	STREET ADDRESS	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 supplement if 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 changes or additions with an address.

SIGNATURE:

Donald L Harkness
DONALD L HARKNESS

2-8-96

(401) 220-0220

DATE: 2/8/96

CR2E034 (12/95)