

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 # **G12029** (6)

1. Corporation Name

HARBOUR ISLAND REALTY OF ST. AUGUSTINE, INC.



Principal Place of Business

**93-D ORANGE STREET
P O BOX 70
ST AUGUSTINE FL 32085-7070**

Mailing Address

**93-D ORANGE STREET
P O BOX 70
ST AUGUSTINE FL 32085-7070**

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

**PAUL J. THOMPSON
206 PELICAN REEF DR
ST AUGUSTINE FL 32084**

3. Date Incorporated or Qualified

12/06/1982

3a. Date of Last Report

05/01/1995

4. FET Number

59-3007585

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 607.1504, 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 provisions of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation.

Signature of the person who is the registered agent of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

☐ DELETE

NAME

**PAUL J. THOMPSON
206 PELICAN REEF DR.
ST AUGUSTINE FL**

TITLE

VSD

☐ DELETE

NAME

**PIERRE D. THOMPSON
206 PELICAN REEF DR.
ST AUGUSTINE FL**

TITLE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change

☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

☐ Change

☐ Addition

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 199.073(4), 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 a shareholder or partner, as empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in a supplemental report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

904 471 1804

CR2E034 (12/95)