

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1999 - 2000



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 16 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G37885

1. Corporation Name

2813 HOLDING COMPANY, INC.

Principal Place of Business

85 HARVEY MILL ROAD  
CRAWFORDVILLE, FL 32327

Mailing Address

85 HARVEY MILL ROAD  
CRAWFORDVILLE, FL 32327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/83

4. FEI Number

59-2285537

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ELLSWORTH O. HARVEY  
85 HARVEY MILL ROAD  
CRAWFORDVILLE, FL 32327

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 607.0505, Florida Statutes.

SIGNATURE

*Ellsworth O. Harvey*

6-15-00

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME ELLSWORTH O. HARVEY  
STREET ADDRESS 85 HARVEY MILL ROAD  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE VPD ☐ DELETE

NAME MELINDA H. YOUNG  
STREET ADDRESS 101 MILL HOLLOW DRIVE  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300003297133-2  
-06/20/00-01049-015  
\*\*\*\*300.00 \*\*\*\*300.00

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ellsworth O. Harvey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-00

Date

850-926-7970

Daytime Phone #

**JUNE 2<sup>ND</sup>, 2000**

**THIS IS TO ADVISE YOU OFFICE THAT I NEVER RECEIVED MY  
FIRST OR SECOND NOTICE TO FILED MY ANNUAL REPORT  
FOR 1999.**

**THANK YOU,**

*Ellsworth O. Harvey*  
**ELLSWORTH O. HARVEY**