

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G38722 (6)

1. Corporation Name

MEXICO BEACH HARMON REALTY, INC.

Principal Place of Business

Mailing Address

**CORNER 14TH STREET & HWY 98
RT 3 BOX 157-A
PORT ST JOE FL 32456**

**CORNER 14TH STREET & HWY 98
RT 3 BOX 157-A
PORT ST JOE FL 32456**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1983

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2375153

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 the
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HARMON, MARY
HWY 386.2 MIN. OF INTERSECT. OF HWY 386 & 98
MEXICO BCH. FL 32410**

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 607.01(2) and 607.01(3) 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 further willing to accept the responsibility as set forth in Section 607.01(3) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY

10. STATE

11. ZIP CODE

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY

16. STATE

17. ZIP CODE

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY

22. STATE

23. ZIP CODE

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY

28. STATE

29. ZIP CODE

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY

34. STATE

35. ZIP CODE

36. TITLE

37. NAME

38. STREET ADDRESS

39. CITY

40. STATE

SIGNATURE: Barbara G. Harmon, President

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

904-648-8924