

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G91681 (8)

1. Corporation Name
HARNEY MFG. CO., INC.



Principal Place of Business 9612 HARNEY RD. 887 TIMBER POND DRIVE THONOTOSASSA FL 33592 US	Mailing Address P. O. BOX 290515 887 TIMBER POND DRIVE TAMPA FL 33687-0515 US
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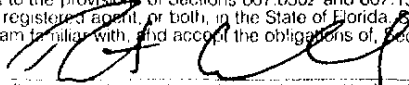
3. Date Incorporated or Qualified 03/16/1984	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 9610 HARNEY RD Suite, Apt. #, etc. 22 City & State 23 THONOTOSASSA, FL Zip Country 24 33592 25 USA	2a. Mailing Address 26 P.O. Box 290515 Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip Country 29 33687 30 USA
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4. FEI Number 59-2400225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHADWELL, JAMES M. 9707 WILLIAMS RD THONOTOSASSA FL 33592	10. Name and Address of New Registered Agent 81 Name ROBERT J. CHADWELL 82 Street Address (P.O. Box Number is Not Acceptable) 9610 HARNEY RD 83 84 City THONOTOSASSA FL 85 Zip Code 33592
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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. Each 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:  ROBERT CHADWELL 03/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHADWELL, JAMES M.	1.2 NAME	ROY F. PRICE
STREET ADDRESS	887 TIMBER POND DR.	1.3 STREET ADDRESS	9610 HARNEY RD
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHADWELL, DAVID E.	2.2 NAME	ROBERT J. CHADWELL
STREET ADDRESS	2821 TIMBER KNOLL DR	2.3 STREET ADDRESS	9610 HARNEY RD
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHADWELL, LARRY E.	3.2 NAME	DAVID M. CHADWELL
STREET ADDRESS	1903 CAPRI ROAD	3.3 STREET ADDRESS	9610 HARNEY RD
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LARRY E. CHADWELL, JR
STREET ADDRESS		4.3 STREET ADDRESS	9610 HARNEY RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JEFF MORRIS
STREET ADDRESS		5.3 STREET ADDRESS	9610 HARNEY RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  ROBERT CHADWELL 03/27/97 813-986-2653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)