

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 # H14050

1. Corporation Name

Harvest & HBJ Insurance Inc

Principal Place of Business

Mailing Address

**6277 Sea Harbor Drive, 5th Floor
Orlando FL 32887**

3. Date Incorporated or Qualified

07/26/84

3a. Date of Last Report

04/04/95

4. FEI Number

59-2440726

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

2. Principal Place of Business

2a. Mailing Address

21

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

10. Name and Address of New Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324**

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Chairman	<input type="checkbox"/> DELETE
NAME	Patrick E. Welch	
STREET ADDRESS	601 Union Street	
CITY, ST, ZIP	Seattle WA 98101	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Beth Wortman	
STREET ADDRESS	6277 Sea Harbor Drive	
CITY, ST, ZIP	Orlando FL 32887	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Richard K. Larson	
STREET ADDRESS	6277 Sea Harbor Drive	
CITY, ST, ZIP	Orlando FL 32887	
TITLE	SR Vice President	<input type="checkbox"/> DELETE
NAME	Victor C. Moses	
STREET ADDRESS	601 Union Street	
CITY, ST, ZIP	Seattle WA 98101	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Charles E. Miller Jr	
STREET ADDRESS	6277 Sea Harbor Drive	
CITY, ST, ZIP	Orlando FL 32887	
TITLE	SR Vice President	<input type="checkbox"/> DELETE
NAME	Geoffrey S. Stiff	
STREET ADDRESS	601 Union Street	
CITY, ST, ZIP	Seattle WA 98101	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP/Asst. Controller
5.3 STREET ADDRESS	Patrick L. Edmonds
5.4 CITY - ST - ZIP	6277 Sea Harbor Drive
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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*****200.00**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick L. Edmonds

Date

(407) 345-2368

Daytime Phone #

3-17-96

CR2E034 (12/95)