

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

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Apr 17 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 # **H14050** (9)
1. Corporation Name
HARVEST & HBJ INSURANCE, INC.

Principal Place of Business 6277 SEA HARBOR DR 5TH FLOOR ORLANDO FL 32887 US	Mailing Address 6277 SEA HARBOR DR 5TH FLOOR ORLANDO FL 32887-0086 32887 US
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3. Date Incorporated or Qualified 07/26/1984	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2440726	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, PATRICK E	
STREET ADDRESS	801 UNION STREET	
CITY-ST-ZIP	SEATTLE WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WORTMAN, BETH	
STREET ADDRESS	6277 SEA HARBOR DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, RICHARD K.	
STREET ADDRESS	6277 SEA HARBOR DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MOSES, VICTOR C.	
STREET ADDRESS	801 UNION STREET	
CITY-ST-ZIP	SEATTLE WA	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	EDMONDS, PATRICK L.	
STREET ADDRESS	6277 SEA HARBOR DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	STIFF, GEOFFREY S.	
STREET ADDRESS	801 UNION STREET	
CITY-ST-ZIP	SEATTLE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joyce, Stephen P	
1.3 STREET ADDRESS	601 Union Street	
1.4 CITY-ST-ZIP	Seattle WA 98101	
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	SR Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Starr, Kenneth F	
5.3 STREET ADDRESS	601 Union Street	
5.4 CITY-ST-ZIP	Seattle WA 98101	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:  **Beth Wortman**

04/07/97 (407) 345-2600

Date Daytime Phone #

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CR2E034 (9/96)