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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # H54826 (3)

1. Corporation Name
HARVEY MCCORMICK, INC.

Principal Place of Business	Mailing Address
3884 PROSPECT AVE NAPLES FL 33942 US	3884 PROSPECT AVE NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 3884 Prospect Ave 22 Suite, Apt. #, etc.: [redacted], Naples 23 City & State: [redacted] FL 24 Zip: 34104 25 Country: US	2a. Mailing Address 26: 3884 Prospect Ave 27 Suite, Apt. #, etc.: [redacted] Naples 28 City & State: [redacted] FL 29 Zip: 34104 30 Country: US
3. Date Incorporated or Qualified: 05/02/1985	
4. FEI Number: 59-2540227	☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCORMICK, HARVEY 5455 8TH AVE. SW NAPLES FL 33999	81 Name: McCormick, Harvey 82 Street Address (P.O. Box Number is Not Acceptable): 5455 Sycamore Drive 83 [redacted] Naples 84 City [redacted] FL FL 85 Zip Code: 34119

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 _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	MCCORMICK, HARVEY	1.2 NAME	MCCORMICK, HARVEY D.
STREET ADDRESS	5455 8TH AVENUE, S.W.	1.3 STREET ADDRESS	5455 SYCAMORE DR.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples FL 34119
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

[redacted] Harvey McCormick 5455 Sycamore Drive Naples FL 34119