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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J26946

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HARVEY-TADDEO, INC.

FILED
Apr 17 1998 8:00am
Secretary of State

Principal Place of Business PETER G. HARVEY 305 SCARLET BLVD		Mailing Address				ila tinin milit ibili binin l	1811 <b>4</b> 9411 <b>49</b> 411	Sigil Bibis B	INTIL NIBIL INN	
		PETER G. HARVEY	PETER G. HARVEY							
		305 SCARLET BLVD				DO NOT WRIT	E IN THIS	SPACE		
OLDSMAR FL 34677 US		OLDSMAR FL 34677 US			3. Date Incor	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
•		•••			08/04/1	•				
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Numbe				Applied For	1
21		26			59-270	08021		_	Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				of Status Desired		\$8.75	Additional	1
22		27			5. Certificate	OI Status Desired		Fee	Required	
City & State		City & State			6. Election C	ampaign Financing	_	\$5.0	May Be	
23		28	T		· <del> </del>	Contribution			d to Fees	┨
Zip Country		} <b>-</b>	Zip Cour		V. This corporation area of			_ ′		ĺ
24	25 g. Name and Address of Curre	29 Perietered Agent	30	<del></del>		roperty Tax due Jun I Address of New R		Yes	∐ No	┨
1141	<del></del>	uit Hadistalan Waaiit		Name		Montess Of Man I	egistered	Agent		1
	RVEY, PETER G.									]
	5-A SCARLET BLVD DSMAR FL 34677		1	Stree	t Address (P.O. Box Nu	mber is Not Accepta	ible)			
ULI	USMAN FL 340//		la la	ia						1
			L					<del>,</del> ,		1
			18	City			FL	85   Zij	o Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	_l ove-name	d corporation submits ti	nis statement for the	DUITAGE O	changing	its registered	4
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized	by the co	rporation's board of dire	ectors. I hereby acc	ept the app	ointment a	is registered	1
agent La	ı <b>m tamıllar wiln. A</b> nd accept the odlik	cations of Section 607.0505. Fi	orida Statu	tes.						
	ı <b>m ta</b> mıllar witn, <b>a</b> nd accept the obliç	gations of, Section 607.0505, Fl	orida Statu	tes.						
SIGNATURE	Mighiliar with, and accept the oblig	, , , , , , , , , , , , , , , , , , , ,		tes.	re required when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AN	gent and title if applicable (NÓ ND DIRECTORS	16 Registered	(es. Agent signatu		/CHANGES TO OFF				767
SIGNATURE	Signature, typed or printed name at registered as OFFICERS AN	gent and title if applicable (NO	1€ Registered	(es. Agent signatu		/CHANGES TO OFF		DIRECTO		(10/07)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name at registered as OFFICERS AN PO HARVEY, PETER G.	gent and title if applicable (NÓ ND DIRECTORS	13. 1.1 TITL 1.2 NAM	tes. Agent signatu	ADDITIONS	/CHANGES TO OFF				
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name at registered as OFFICERS AN PD HARVEY, PETER G. 6055 FALL RIVER DR	gent and title if applicable (NÓ ND DIRECTORS	13. 1.1 TITL 1.2 NAM	les. Agent signatu	ADDITIONS	/CHANGES TO OFF				F07
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS AN PD HARVEY, PETER G. 6055 FALL RIVER DR NEW PORT RICHEY FL.	gent and title if applicable (NÓ ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY	Agent signatu E HE EET ADDRESS -ST-ZIP	ADDITIONS	/CHANGES TO OFF		☐ Change	Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS AN PD HARVEY, PETER G. 6055 FALL RIVER DR NEW PORT RICHEY FL. STD	gent and title if applicable (NÓ ND DIRECTORS	18: Registered 13. 1.1 Titl 1.2 NAN 1.3 STR 1.4 CITY 2.3 TITL	Agent signatu  E  E  EET ADDRESS  - ST- ZIP	ADDITIONS	/CHANGES TO OFF			Addition	F07
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with the information suppli