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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K10401**

1. Corporation Name
HARKINS ORGANIZATION, INC.



Principal Place of Business

Mailing Address

% PATRICK L. HARKINS
 P.O. DRAWER 790
 WINTER PARK FL 32790

% PATRICK L. HARKINS
 P.O. DRAWER 790
 WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1988

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 *To Kathleen M. Harkins*

26 *To Kathleen M. Harkins*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARKINS, PATRICK L
 2709 W FAIRBANKS AVENUE
 WINTER PARK FL 32789

81 Name *Karen Goldsmith*
 82 Street Address (P.O. Box Number is Not Acceptable) *385 West Fairbanks Avenue*
 83 *#300*
 84 City *Winter Park* FL 85 Zip Code *32789*

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 *Karen Goldsmith*

DATE *4/29/99*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change Addition

TITLE **D**
 NAME **HARKINS, PATRICK L.**
 STREET ADDRESS **2709 W. FAIRBANKS AVE.**
 CITY-ST-ZIP **WINTER PARK FL 32789**

1.1 TITLE **D**
 1.2 NAME **Harkins, Kathleen M.**
 1.3 STREET ADDRESS **1040 Howell Harbor Dr.**
 1.4 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE **D**
 2.2 NAME **Harkins, Patrick L., II**
 2.3 STREET ADDRESS **1003 Knollwood Court**
 2.4 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Katherine Harris*

DATE *4-25-99*

DAYTIME PHONE # *407-629-0094*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)