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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90117 017 ***150.00

DOCUMENT # L28231

HARVEY ENTERPRISES & CO., INC.

ĺ										
Principal Place of Business Mailing Address								OL TOSEN ISONO SICOS ICAI O	INDI NINI NENI NENI N	14011 01011 1001
% RONALD P. HARVEY % RONALD P. HARVEY										
RT 2 BOX 1650 RT 2 BOX 1650								O NOT WRITE IN 1	THIS SPACE	
PALATKA FL 32177 PALATKA FL 32177						3. Date Incorporated or Qualifed				
			•				11/03/1989			
2 Principal P	lace of Business	22	. Mailing Add	ress			4. FEI Number		A	plied For
21		26	10%	Chef	fey Ko	ad	59-2983564		No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Statu	us Desired	¥	Additional
22							5. Certificate of State	is Desired	Fee Re	equired
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23			28 Palatra, FL			Trust Fund Contribution - Added to Fees				
Zip	Cou	· -	グコー	77 -	Country C	Ţ	8. This corporation of		ir Intangible Yes	□No
24	25	29 Iress of Current Regi	SOC I	30	$\mu_{\mathcal{I}}$	<u> </u>	Personal Property 10. Name and Addre			
	9. Name and Adi	110 A	a P	. /						
HARVEY, ANN B						a٢	soff.Q. Box Nymber is	Not Acceptable)	A	
RT 2 BOX 1650					12 32		Chette	YKoa	d	
PALATKA FL 32177										
1					84 City	<u> </u>			85 Zip	Code
1 1946							atka		トレーゴの	217/
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.										
agent. I a	n familiar with, and a	copt the bigations of	f, Section 607.	0505, Florid	a Statutes	. /			ء اسر _آ	20
SIGNATURE	ULLAN	July	vez		wider	\mathcal{I}		<u>ح</u>	1921	[
	Signature, typed or printed in	of registered agent and title OFFICERS AND DIR		(NOTE: Re	egistered Agent signature	required t		IGES TO OFFICER	S AND DIRECTO	ORS IN 12
12.	DPST	OFFICERS AND DIR		ELETE	1.1 TITLE	DI	P5 T		Change	Addition
NAME	HARVEY, ANN B.		_		1.2 NAME	140	arvey, An	と Light	,	
STREET ADDRESS	RT 2 BOX 1650				1.3 STREET ADDRESS	10	6 Chieffer	1 Road		
CITY-ST-ZIP	PALATKA FL				1.4 CITY-ST-ZIP	P		L 3217	フ	
TITLE	L'UPVIIVI E	·		ELETE	2.1 TITLE				☐ Change	☐ Addition
NAME					2.2 NAME	1				
STREET ADDRESS					2.3 STREET ADDRESS	;				
CITY-ST-ZIP	- <u> </u>	-	<u></u>		2.4 CITY-ST-ZIP 💝	<u> </u>	<u> </u>	e		
TITLE				DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	-				3.2 NAME					
STREET ADDRESS					3.3 STREET ADDRESS	i				
CITY+ST-ZIP					3.4. CITY-ST-ZIP	<u> </u>			Change	Addition
TITLE				DELETE	4.1 TITLE	1			Change	□ Vaganou
NAME					4. 2 NAME		,			
STREET ADDRESS					4.3 STREET ADDRESS	·				
CITY-ST-ZIP				DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	, -		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
TITLE	<u>`</u>			rush (b	5.2 NAME	1				
NAME STREET ADDRESS		÷		•	5.3 STREET ADDRESS	;				
STREET ADDRESS	1 :				5.3 STREET ADDRESS	۶				

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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS A CONTROL OF CONTR

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

328-9218

Change

Addition