Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90063 004 ***150.00

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**

DOCUMENT # **L39432**

1. Corporation Name

THE HARLOW AGENCY, INC.

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Principal Place of Business Mailing Address									
C/O JOSEPH G. HARLOW P.O. BOX 320514									
3103 OMAR AVENUE		TAMPA FL 33679			DO NOT WRITE IN THIS SPACE				
TAMPA FL 33629		US			3. Date Incorporated or Qualifed				
					l l	•			}
-					12/26/1				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Numb				Applied For
21		26			59-2926	<u>833 </u>			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			of Status Desired		\$8.75	Additional
2		27	•		J. Certificate	Di Status Desired		Fee f	Required
City & State	9	City & State			6. Election C	ampaign Financing	<u></u>	\$5.00	May Be
23		28				Contribution			to Fees
Zip	Country	Zip	Country		_	ration owes the cur	rent year Int:	angible	
ı	25	⊢	0		•	Property Tax.	om your ma	[] Yes	₩No
24	9. Name and Address of Current		<u> </u>			Address of New I	Registered :		
			81	, Name			<u> </u>		
HAD	LOW, JOSEPH G		81.			1. 多种的	12 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		36 (Magana) 20 (3)
K THE STAND	OMAR AVENUE		82	Street Addr	ess (P.O. Box Nu	imber is Not Accept	able) 🤥 🛪		
© ™ 1.3103	COMAN-AVENUE NO STEELS	· L	3	A 1 149 F . A 1				• • • • •	
IAMI	PA FL 33629		83	}					
				City				gs Zir	Code
			84	City			FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abovi	i e-named come	oration submits th	is statement for the	purpose of	changing i	ts registered
office or re	egistered agent, or both, in the State of mailting and familiar with, and accept the obligation	i Florida, Such change was aut	honzed by	tne corporation	on's board of direc	otors. I hereby acce	pt the appoir	ntment as	registered
SIGNATURE									
CIGITATORIE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Ager	nt signature required			DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS	S/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE	1				Change	e 🗌 Addition
NAME	HARLOW, JOSEPH G.		1.2 NAME						
STREET ADDRESS	3103 OMAR AVENUE		1.3 STREE	TADDRESS					
	TAMPA FL		1.4 CITY-S	H				/	i
CITY-ST-ZIP	P	DELETE	2.1 TITLE	1-21		_		Change	e
TITLE	•		8					LE) 3	
NAME	.HARLOW, JANE E		2.2 NAME	· · ·	· '	~ ALA DA	2 A1/1		
STREET ADDRESS	. 2489 SOMAR`AVE		2.3 STREE	TADDRESS 3	ב פסול	2. (VIV (/\Ir		$\frac{1}{2}$	Į
CITY-ST-ZIP	TAMPA FL		2. 4 CITY+5	T-ZIP	TAMPI	S. OMAR	<u> 2 56</u>	01	
TITLE		☐ DELETE	3.1 TITLE			,		Change	e 🔲 Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	1 ADDRESS					İ
			3.4. CITY-S						
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 TITLE	,,				Change	e
			4. 2 NAME						
NAME									
STREET ADDRESS				TADORESS		•	• •	• • •	, ,
CITY-ST-ZIP		<u></u>	4.4 CITY-S	T- ZIP				Charre	Addition
TITLE	به د سه د مو ای به به ب	☐ DELETE	5.1 TITLE	-		:		☐ Chang	e [] Addition
NAME		•	5.2 NAME	1					
STREET ADDRESS	والما والعا المعافض المواطؤة المواجئ		5.3 STREE	TADDRESS		THE PERSON OF TH	Jan Jan		
CITY-ST-ZIP	•		5.4 CITY-S	T-ZIP					
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,			6.2 NAME			ili. Marian anggaran dan saman	: 6	e s se e sesei s es	Coffee Control of
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STREET ADDRESS	The state of the s	they the state of	DOSINCE	י ביסיביעורים:	en er un umpromise variable in die			Water and	• ;

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 frue 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 of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP