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FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L72856

(2)

1. Corporation Name

HARBOR CITY PROVISIONS, INC.

Principal Place of Business

498 BELLA CAMINO WAY
INDIAN LANTIC FL 32903

Mailing Address

498 BELLA CAMINO WAY
INDIAN LANTIC FL 32903-4765

2. Principal Place of Business

21 105 S.W. IRWIN AVE.

Suite, Apt. #, etc.

22

City & State

23 WEST MELBOURNE, FL.

Zip

24 32904

Country

25 BREVARD

2a. Mailing Address

26 105 S.W. IRWIN AVE.

Suite, Apt. #, etc.

27

City & State

28 WEST MELBOURNE, FL.

Zip

29 32904

Country

30 BREVARD

9. Name and Address of Current Registered Agent

GAGLIARDO, JOHN M.
498 BELLA CAMINO WAY
INDIAN LANTIC FL 32903

3. Date Incorporated or Qualified

05/15/1990

3a. Date of Last Report

03/28/1996

4. FEI Number

59-3054614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P
NAME
GAGLIARDO, JOHN M.
STREET ADDRESS
498 BELLA CAMINO WAY
CITY-ST-ZIP
INDIAN LANTIC FL 32903

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

John M. Gagliardo

March 12-97 407-222-0992

CR2E034 (9/96)