

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1999.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M98651 (6)

1. Corporation Name

HARVEY & COMPANY OF VOLUSIA COUNTY, INC.

Principal Place of Business

421 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32109
US

Mailing Address

421 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32109
US

APPROVED
FILED

NOV 20 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

3. Date Incorporated or Qualified
09/15/1988

3a. Date of Last Report
07/03/1995

4. FEI Number
50-2019008

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

FLADELAND, HARVEY L
421 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32109

81 Name

FLADELAND, HARVEY L

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

608 YUPON AVENUE

83

84 City

NEW SMYRNA BEACH FL

Zip Code
32109

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Harvey L. Fladeland

(NOTE: Registered Agent signature required when reinstating)

DATE

18 Nov 96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

POST

FLADELAND, HARVEY

419 FLAGLER AVE

NEW SMYRNA BEACH FL 32109

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

608 YUPON AVENUE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

300002013663-3

-11/26/96-01027-009

\$\$\$375.00 \$\$\$375.00

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE:

Harvey L. Fladeland

16 Nov 96

CP2ED04 (3/95)