NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
04-17-2002 90164 007 ****70.00
02 JUN 10 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006046

1. Entity Name
HARMEYER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4600 Touchton Rd	PO BOX 40091
Suite, Apt. #, etc. Bldg 100 STE 150	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
32246 Country USA	Zip 32203 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0959896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HARRY MYERS

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

4600 Touchton Rd Bldg 100 Ste 150

City JACKSONVILLE FL Zip Code 32246

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Harry M. Myers
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEES: $40.00
Initial or Amended Filing

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Public Disclosure Statement

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR
NAME	HARRY M. MYERS
STREET ADDRESS	4600 Touchton Rd Bldg 100 STE 150
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VICE PRESIDENT/SEC
NAME	HENRY MYERS
STREET ADDRESS	2375 NW 26 ST
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	TREASURER
NAME	FRIS CLEMMONS
STREET ADDRESS	7260 Amelia Dr
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	DIRECTOR
NAME	DORIS BIVINS
STREET ADDRESS	600 W. JOHN PAUL JONES RD
CITY-ST-ZIP	EFFINGHAM, SC 29541
TITLE	DIRECTOR
NAME	ROSS CLAYTON JENKINS
STREET ADDRESS	14122 CRYSTAL COVE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry M. Myers HARRY M. MYERS PRES. 4/8/02 (904) 631-7553
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR Date Daytime Phone #