

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008930 (9)

1. Corporation Name

HARBOR AGENCY, INC.



Principal Place of Business

Mailing Address

5914 GRACE LANE
JACKSONVILLE FL 32205
US

P.O. BOX 6842
JACKSONVILLE FL 32236
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PALMER, BARBARA
5914 GRACE LANE
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

01/20/1995

4. FEI Number

59-3163063

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

10. Name and Address of New Registered Agent

31 Name

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

33

34 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. 1.1 TITLE ☐ DELETE

NAME: WILSON, STEPHEN R
STREET ADDRESS: 205 CYPRESS ROAD
CITY-ST-ZIP: ST AUGUSTINE FL 32086

2. 2.1 TITLE ☐ DELETE

NAME: PALMER, BARBARA P
STREET ADDRESS: 5914 GRACE LANE
CITY-ST-ZIP: JACKSONVILLE FL 32205

3. 3.1 TITLE ☐ DELETE

NAME: CRAWFORD, DONALD E
STREET ADDRESS: RT 3 FAIRWAY DRIVE
CITY-ST-ZIP: WAYNESBORO GA 30830

4. 4.1 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. 5.1 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6. 6.1 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 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 is true and correct. 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:

Barbara P. Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

Barbara P. Palmer 1-16-96 904-786-9172
Date Daytime Phone If

CP2E034 (12/95)