FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008034 (9)**

1. Corporation Name
HARBOR WINDS, INC.

Principal Place of Business	Mailing Address
3840 CROWN POINT ROAD, SUITE A JACKSONVILLE FL 32257	3840 CROWN POINT ROAD, SUITE A JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1993**
3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **59-3179076** ☐ 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. *The corporation has liability for intangible tax under § 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KNOWLES, MARK A 9471 BAYMEADOWS ROAD SUITE 408 JACKSONVILLE FL 32256	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3840 Crown Point Road 83: Suite A 84 City: Jacksonville, FL 85 Zip Code: 32257

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 mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	COLLINS, J D	12 NAME	COLLINS, J. D.
STREET ADDRESS	9471 BAYMEADOWS ROAD, SUITE 408	13 STREET ADDRESS	3840 CROWN POINT ROAD SUITE A
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JACKSONVILLE, FL 32257
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	STOKES, E. CHESTER JR	22 NAME	STOKES, E. CHESTER, JR.
STREET ADDRESS	9471 BAYMEADOWS ROAD, SUITE 408	23 STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4
CITY ST ZIP	JACKSONVILLE FL 32256	24 CITY ST ZIP	JACKSONVILLE, FL 32256
TITLE	VT	31 TITLE	☒ Change ☐ Addition
NAME	KNOWLES, MARK A	32 NAME	KNOWLES, MARK A.
STREET ADDRESS	971 BAYMEADOWS ROAD, STE. 408	33 STREET ADDRESS	3840 CROWN POINT ROAD SUITE A
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	JACKSONVILLE, FL 32257
TITLE	VS	41 TITLE	☒ Change ☐ Addition
NAME	HOLLAND, BEVERLY J	42 NAME	HOLLAND, BEVERLY J.
STREET ADDRESS	9471 BAYMEADOWS ROAD, STE 408	43 STREET ADDRESS	3840 CROWN POINT ROAD SUITE A
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	JACKSONVILLE, FL 32257
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ Mark A. Knowles 4/26/95 904-268-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081994 CP