

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90002 047 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000063299 ✓ 1. Corporation Name HARBOUR SPRINGS DEVELOPMENT, INC.			
Principal Place of Business 10520 ATLANTIC BOULEVARD JACKSONVILLE FL 32225 US		Mailing Address 10520 ATLANTIC BOULEVARD JACKSONVILLE FL 32225 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip Country	
3. Date Incorporated or Qualified 09/10/1993		4. FEI Number 59-3214498	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No		8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent ITAM, RACON 10520 ATLANTIC BOULEVARD JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent 81 Name William Charles Kennedy 82 Street Address (P.O. Box Number is Not Acceptable) 10520 ATL BLVD 83 JAX, Fla 32225 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 <i>William C. Kennedy</i> DATE 7/21/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE DPST ☒ DELETE NAME ITAM, RACON STREET ADDRESS 10520 ATLANTIC BLVD. CITY-ST-ZIP JACKSONVILLE FL 32225		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRES ☒ Change ☐ Addition 1.2 NAME William Charles Kennedy 1.3 STREET ADDRESS 10520 ATL BLVD 1.4 CITY-ST-ZIP JAX FLA 32225	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. 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 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: <i>William C. Kennedy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/8/99 Daytime Phone # 904 6426613	

CR2F034 (5/99)