

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000070801 (4)

1. Corporation Name

HARRY'S OF GAINESVILLE, INC.

Principal Place of Business

114 SOUTHEAST FIRST STREET
STE. 9
GAINESVILLE FL 32605

Mailing Address

114 SOUTHEAST FIRST STREET
STE. 9
GAINESVILLE FL 32605

2. Principal Place of Business

21 110 S.E. 1ST STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 110 S.E. 1ST STREET
Suite, Apt. #, etc.

23 City & State

GAINESVILLE, FL

28 City & State

GAINESVILLE, FL

24 Zip

32601

25 Country

ALACHUA

29 Zip

32601

30 Country

ALACHUA

9. Name and Address of Current Registered Agent

FISHMAN, ALAN
114 SOUTHEAST FIRST STREET
STE. 9
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

03/17/1995

4. FEI Number

59-3210705

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

81 Name

LOUIS SAIG

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

3923 CEDAR COVE LANE

83

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

Louis Saig

LOUIS SAIG

PRES

2-15-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	SCHEEL, WILLIAM	114 S.E. FIRST STREET STE. 9	GAINESVILLE FL 32605	<input type="checkbox"/>
P	SAIG, LOUIS	3923 CEDAR COVE LANE	JACKSONVILLE FL	<input type="checkbox"/>
S	FISHMAN, ALAN	114 SE 1ST ST STE 9	GAINESVILLE FL	<input checked="" type="checkbox"/>
T	SAIG, GREG	527 MARGARET ST	NEPTUNE BCH FL	<input type="checkbox"/>
VP	LINEBERRY, TODD	114 S.E. FIRST STREET STE. 9	GAINESVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis Saig* LOUIS SAIG

2-15-96 904/392-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)