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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

110 SE 1ST STREET
GAINESVILLE FL 32601
US

Mailing Address

110 SE 1ST STREET
GAINESVILLE FL 32601-6825
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

10/06/1993

3a. Date of Last Report

02/21/1996

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

9. Name and Address of Current Registered Agent

SAIG, LOUIS
3923 CEDAR COVE LANE
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

9959 CIDER KEY COURT

83

84 City

JACKSONVILLE

FL

85 Zip Code

32256

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE 0
NAME SCHEEL, WILLIAM
STREET ADDRESS 114 S.E. FIRST STREET STE. 9
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE P
NAME SAIG, LOUIS
STREET ADDRESS 3923 CEDAR COVE LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE T
NAME SAIG, GREG
STREET ADDRESS 527 MARGARET ST
CITY-ST-ZIP NEPTUNE BCH FL 3223

TITLE VP
NAME LINEBERRY, TODD
STREET ADDRESS 114 S.E. FIRST STREET STE. 9
CITY-ST-ZIP GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 9959 CIDER KEY COURT
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1911 BEACH AVE
3.4 CITY-ST-ZIP ATLANTIC BCH, FL 32233

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 11301 N.W. 36TH AVE
4.4 CITY-ST-ZIP GAINESVILLE, FL 32606

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97

904 247 8855