SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074789 (7)**

1. Corporation Name
HARBOUR GROUP, INC.

Principal Place of Business	Mailing Address
440 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480	440 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 917 Anchorage Road Suite, Apt. #, etc. 22 City & State 23 Tampa, Florida Zip 24 33602	2a. Mailing Address 26 Post Office Box 17891 Suite, Apt. #, etc. 27 City & State 28 Clearwater, Florida Zip 29 32622-0891

3. Date Incorporated or Qualified: 10/28/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0447786 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORLEY, WILLIAM E. III 440 ROYAL PALM WAY STE 300 PALM BCH FL 33480	31 Name: Cynthia G. Wilcox 32 Street Address (P.O. Box Number is Not Acceptable): 917 Anchorage Road 33 34 City: Tampa FL 35 Zip Code: 33602

11. Pursuant to the provisions of Section 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: Cynthia Wilcox June 26, 95
(Date)
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required if name changed)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, DELETIONS
Title: D Name: WILCOX, CYNTHIA Street Address: 440 ROYAL PALM WAY, SUITE 300 City-St-Zip: PALM BEACH FL 33480	11 Title: D ☐ Change ☐ Addition 12 Name: Wilcox, Cynthia G. 13 Street Address: 917 Anchorage Road 14 City-St-Zip: Tampa, Florida 33602
Title: Name: Street Address: City-St-Zip:	21 Title: ☐ Change ☐ Addition 22 Name: 23 Street Address: 24 City-St-Zip:
Title: Name: Street Address: City-St-Zip:	31 Title: ☐ Change ☐ Addition 32 Name: 33 Street Address: 34 City-St-Zip:
Title: Name: Street Address: City-St-Zip:	41 Title: ☐ Change ☐ Addition 42 Name: 43 Street Address: 44 City-St-Zip:
Title: Name: Street Address: City-St-Zip:	51 Title: ☐ Change ☐ Addition 52 Name: 53 Street Address: 54 City-St-Zip:
Title: Name: Street Address: City-St-Zip:	61 Title: ☐ Change ☐ Addition 62 Name: 63 Street Address: 64 City-St-Zip:

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is substantially complete 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 above, or on an attachment with an address.

SIGNATURE: Cynthia Wilcox Cynthia Wilcox 6/26/95 813-240-6996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

0081959 CP