

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 25 AM 11:11

DOCUMENT # P94000004941 (8)

1. Corporation Name

HARVARD FUNDING, INC.

Principal Place of Business

**1085 W. MORSE BLVD.
WINTER PARK FL 32789**

Mailing Address

**1085 W. MORSE BLVD.
WINTER PARK FL 32789**

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
500001501085
-05/30/95--01028--002
****225.00 ****225.00

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **01/20/1994** 3a. Date of Last Report

4. FET Number **N/A yet** ☒ 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**

7. Has corporation ever reported for adequate fee under S. 199.009 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1964 Howell Branch Rd.

State, Apt. # etc.

22 Suite 110

City & State

23 Winter Park, FL

24 32792

2a. Mailing Address

26 1964 Howell Branch Rd.

State, Apt. # etc.

27 Suite 110

City & State

28 Winter Park, FL

29 32792

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of Now Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0092 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 hereby sworn and accept the obligations of Sections 607.0092, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

12.1	PD
NAME	CADDIE, IAN S
STREET ADDRESS	1085 W. MORSE BLVD.
CITY & STATE	WINTER PARK FL 32789
12.2	VSTD
NAME	FEHER, GENE P
STREET ADDRESS	1085 W. MORSE BLVD.
CITY & STATE	WINTER PARK FL 32789
12.3	
NAME	
STREET ADDRESS	
CITY & STATE	
12.4	
NAME	
STREET ADDRESS	
CITY & STATE	
12.5	
NAME	
STREET ADDRESS	
CITY & STATE	
12.6	
NAME	
STREET ADDRESS	
CITY & STATE	
12.7	
NAME	
STREET ADDRESS	
CITY & STATE	
12.8	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	P	☒ Change ☐ Addition
NAME	FEHER, GENE P.	
STREET ADDRESS	1964 Howell Branch Road Suite 110	
CITY & STATE	Winter Park, FL 32792	
13.2	VSTD	☒ Change ☐ Addition
NAME	FEHER, GENE P.	
STREET ADDRESS	1964 Howell Branch Road Suite 110	
CITY & STATE	Winter Park, FL 32792	
13.3		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.4		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.5		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.6		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.7		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		
13.8		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY & STATE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.0092, Florida Statutes. I further certify that the information included in 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 and the removal of this information is required by Chapter 607, Florida Statutes, and that my name appears in Block A, 1, on the back of this report or supplemental report, with an address.

SIGNATURE:

Gene P. Feher
SIGNATURE AND TYPE OF OFFICIAL (NAME OF SIGNING OFFICER OR DIRECTOR)

Gene P. Feher

5/1/95

407-679-5545