

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 10:33

DOCUMENT # P94000004948 (3)

1. Corporation Name

HARVARD CONSTRUCTION & MANAGEMENT, INC.

Principal Place of Business

1085 W. MORSE BLVD.
WINTER PARK FL 32789

Mailing Address

1085 W. MORSE BLVD.
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

4. FEI Number

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

2. Principal Place of Business

21 1964 Howell Branch Rd.

2a. Mailing Address

26 1964 Howell Branch Rd.

22 Suite, Apt. #, etc.
Suite 110

27 Suite, Apt. #, etc.
Suite 110

23 City & State
Winter Park, FL

28 City & State
Winter Park, FL

24 Zip Country
32792

29 Zip Country
32792

9. Name and Address of Current Registered Agent

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

10. Name and Address of New 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 607.0502 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CADDIE, IAN S
STREET ADDRESS	1085 W. MORSE BLVD.
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	VSTD
NAME	FEHER, GENE P
STREET ADDRESS	1085 W. MORSE BLVD.
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	P	☒ Change ☐ Addition
1.2 NAME	FEHER, GENE P.	
1.3 STREET ADDRESS	1964 Howell Branch Road Suite 110	
1.4 CITY - ST - ZIP	Winter Park, FL 32792	
2.1 TITLE	VSTD	☒ Change ☐ Addition
2.2 NAME	FEHER, GENE P.	
2.3 STREET ADDRESS	1964 Howell Branch Road Suite 110	
2.4 CITY - ST - ZIP	Winter Park, FL 32792	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(h), 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 proprietor or partner 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:

Gene P. Feher
Typed and printed name of signing officer or director

Gene P. Feher

5/1/95

407-679-5545