## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000014625 (5)

HARBOURVIEW ON THE BAY, INC.

appears in Block 12 or Block 13 if changed

Principal Place of Business Mailing Address 25 W CEDAR STREET SUITE 304 25 W CEDAR STREET SUITE 304 PENSACOLA FL 32501 PENSACOLA FL 32501-5945 3. Date Incorporated or Qualified 3a. Date of Last Report 06/17/1996 02/21/1994 2. Principa Paice of Business 2a. Mailing Address 4. FEL Number Applied For <del>59-32418</del>01 26 Not Applicable Sertic Apt #, etc. Suite Apt. #, etc. \$8.75 Additional Certificate of Status Desired Suite Fee Required Suite City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28  $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WESTMORELAND, J L 220 W GARDEN STREET 9TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City Zip Code **B**5 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE s, type code printed in car of regulariest agent and title if applicable (NOTI Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TITLE Change Addition Oh 3 HUDSON, HAROLD R 1.2 NAME NAV 25 W CEDAR STREET STREET ADDRESS. 1.3 STREET ADDRESS PENSACOLA FL 32501 1.4 CITY - ST - ZIP C/1Y S1 - 2(P) DELETE Change \_\_\_ Addition 10.3 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STRIEL ADDRESS 2. 4 CHTY-ST-7IP CITY-51-ZIP DELETE Change Addition 7/11/1 31 TITLE 3.2 NAME MM 3.3 STREET ADDRESS STREET ADDRESS. 34. CITY-ST-ZIP DELETE Change \_\_\_ Addition TOTAL 4.1 TITLE NAME: 4.2 NAME 4.3 STREET ADDRESS STREE ASDRESS (21) - Si - ZiP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TO LE Change TITLE 5.2 NAME NAMI 5.3 STREET ADDRESS STREET AS DRUGS 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE 165.4 6 2 NAME 6.3 STREET ADDRESS STREET MINIBERS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

NING OFFICER OR DIRECTOR

information and sated 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