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CORPORATION ANNUAL REPORT

1995 6-14-95 13-7262

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 1:52

DOCUMENT # P94000014724 (6)

1. Corporation Name

HARBOR ISLES BUILDERS, INC.

Principal Place of Business	Mailing Address
15605 RUBY LANE HUDSON FL 34667	15605 RUBY LANE HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:

2. Principal Place of Business 21 2076 N.E. 8TH ST.	2a. Mailing Address 26 2076 N.E. 8TH ST.	4. FEI Number 59-3245844	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 HOMESTEAD, FL.	City & State 28 HOMESTEAD, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 33033 / 25 USA	Zip / County 29 33033 / 30 USA	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MEYER, JAMES L
15605 RUBY LANE
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: PATRICK J. BAIRD
82 Street Address (P.O. Box Number is Not Acceptable): 2076 N.E. 8TH ST
83
84 City: HOMESTEAD FL 85 Zip Code: 33033

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Patrick J Baird - PATRICK J. BAIRD (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 5/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☒ Addition
NAME	MEYER, JAMES L	12 NAME	PRESIDENT
STREET ADDRESS	15605 RUBY LANE	13 STREET ADDRESS	PATRICK J. BAIRD
CITY ST ZIP	HUDSON FL 34667	14 CITY ST ZIP	2076 N.E. 8TH ST HOMESTEAD, FL. 33033
TITLE	D	21 TITLE	☒ Change ☒ Addition
NAME	RIEDEL, THOMAS	22 NAME	V.P. THOMAS RIEDEL
STREET ADDRESS	15605 RUBY LANE	23 STREET ADDRESS	15605 RUBY LANE
CITY ST ZIP	HUDSON FL 34667	24 CITY ST ZIP	HUDSON, FL. 34667
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: Patrick J Baird PATRICK J. BAIRD 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

Daytime Phone #

0373230 CP