

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000034262 (3)**

1. Corporation Name

HARMON DEVELOPMENTS, INC.

Principal Place of Business

Mailing Address

**1107 KINGFISH PL
APOLLO BEACH FL 33572**

**1107 KINGFISH PL
APOLLO BEACH FL 33572**



2. Principal Place of Business

2a. Mailing Address

21 508 Red Mangrove Ln

26 508 Red Mangrove Ln

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Apollo Beach, FL 33572

27 Apollo Beach, FL 33572

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBERT W HIXSON TOTAL TAX ACCOUNTING
1628 N DALE MABRY HWY
SUITE 112 RUSCH PLAZA
LUTZ FL 33549**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/03/1994

3a. Date of Last Report

07/11/1995

4. FEI Number

59-3244050

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature type for printed name of registered agent and the filer (if applicable)

(If the filer is the registered agent, signature required after 6/1/94)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HARMON, WALTER D**
STREET ADDRESS **1107 KINGFISH PL**
CITY - ST - ZIP **APOLLO BEACH FL 33572**

TITLE **D** ☐ DELETE
NAME **WEST, MICHAEL P**
STREET ADDRESS **11 MACDONALD PL**
CITY - ST - ZIP **CANMORE ALBERTA CANADA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS **508 Red Mangrove Lane**
14 CITY - ST - ZIP **Apollo Beach, FL 33572-2550**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter D. Harmon

7/23/96

(83)641-2463

CR2E034 (3/96)