

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90086 002 ***150.00

DOCUMENT # P94000034262

1. Corporation Name
HARMON DEVELOPMENTS, INC.



Principal Place of Business
716 APOLLO BCH BLVD
APOLLO BEACH FL 33572
US

Mailing Address
716 APOLLO BCH BLVD
APOLLO BEACH FL 33572
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

ROBERT W. HIXSON TOTAL TAX ACCOUNTING
1620 N DALE MABRY HWY
SUITE 112 RUSCH PLAZA
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name Michael L. Peterson, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
Michael L. Peterson P.A.
83 218 Apollo Beach Blvd.
84 City Apollo Beach FL 85 Zip Code 33572

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 *Michael L. Peterson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARMON, WALTER D
STREET ADDRESS 508 RED MANGROVE LANE
CITY-ST-ZIP APOLLO BEACH FL 50

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Director
2.2 NAME Sandra Jean Harman
2.3 STREET ADDRESS 716 Apollo Beach Blvd
2.4 CITY-ST-ZIP Apollo Beach FL 33572

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Daytime Phone #

CR2E034 (1/1/98)