

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 07 1998 8:00am  
Secretary of State

DOCUMENT # **P94000036076 (5)**  
1. Corporation Name  
**HARBOR WEAR OF PANAMA CITY BEACH, INCORPORATED**



Principal Place of Business  
**537 BECKRICH ROAD  
PANAMA CITY BEACH FL 32407**

Mailing Address  
**537 BECKRICH ROAD  
PANAMA CITY BEACH FL 32407**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3213791</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GREEN, JOHN E 127 SUMMER BREEZE ROAD PANAMA CITY BEACH FL 32413</b>		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, JOHN E</b>	1.2 NAME	
STREET ADDRESS	<b>127 SUMMER BREEZE ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BACH FL 32413</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, LAURA D</b>	2.2 NAME	
STREET ADDRESS	<b>127 SUMMER BREEZE ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BACH FL 32413</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DISNEY, NORA</b>	3.2 NAME	
STREET ADDRESS	<b>9828 NORTH LONG LAKE ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TRAVERSE CITYACH MI 49684</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEE, JAMES R</b>	4.2 NAME	
STREET ADDRESS	<b>00549 LAKE SHORE DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLEVOIX MI 49720</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MABEE, JAMES D</b>	5.2 NAME	
STREET ADDRESS	<b>319-1/2 E. LAKE STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PETOSKY MI 49770</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

*Laura D. Green* LAURA D. GREEN

4-1-98

850-7308111

CR2E034 (10/97)