

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000092802 (5)

1. Corporation Name

HARBOUR VENTURES FIVE, INC.



Principal Place of Business

420 KNIGHTS RUN AVENUE  
TAMPA FL 33602

Mailing Address

420 KNIGHTS RUN AVENUE  
TAMPA FL 33602

3. Date Incorporated or Qualified  
12/23/1994

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

21 *800 S. Harbour Island Blvd*

2a. Mailing Address

26 *800 S. Harbour Island Blvd*

4. FEI Number  
65-0542021

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURTADO, DONALD A  
~~420 KNIGHTS RUN AVENUE~~  
TAMPA FL 33602

81 Name

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

*800 S. Harbour Island Blvd*

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

*Donald A. Furtado*

Donald A. Furtado

4/29/96

(Signature, typed or printed name of registered agent and not applicable) (NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HARVEY, THOMAS H III  
STREET ADDRESS ~~420 KNIGHTS RUN AVENUE~~  
CITY-ST-ZIP TAMPA FL 33602

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS *800 S Harbour Island Blvd*  
1.4 CITY-ST-ZIP

TITLE DEVS ☐ DELETE  
NAME FURTADO, DONALD A  
STREET ADDRESS ~~420 KNIGHTS RUN AVENUE~~  
CITY-ST-ZIP TAMPA FL 33602

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS *800 S Harbour Island Blvd*  
2.4 CITY-ST-ZIP

TITLE AS ☒ DELETE  
NAME BULLARD, SANDRA  
STREET ADDRESS 420 KNIGHTS RUN AVE.  
CITY-ST-ZIP TAMPA FL 33602

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

TITLE AS ☐ DELETE  
NAME *FURTADO, JANE G.*  
STREET ADDRESS *800 S.*  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME *FURTADO, JANE G.*  
4.3 STREET ADDRESS *800 S. HARBOUR ISLAND BLVD*  
4.4 CITY-ST-ZIP *TAMPA, FL 33602*

TITLE AS ☐ DELETE  
NAME *HARVEY, FLORENCE*  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME *HARVEY, FLORENCE*  
5.3 STREET ADDRESS *800 S. HARBOUR ISLAND BLVD*  
5.4 CITY-ST-ZIP *TAMPA, FL 33602*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald A. Furtado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(813) 202-1873  
Daytime Phone #

CR2E034 (12/95)