

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027198 (7)

1. Corporation Name

HAROLD, INC.

Principal Place of Business

625 SOUTHWEST 44TH AVENUE
PLANTATION FL 33317-4038

Mailing Address

625 SOUTHWEST 44TH AVENUE
PLANTATION FL 33317-4038



2. Principal Place of Business

21 210 BOARDMAN DR

Suite, Apt. #, etc.

22

City & State

23 MERRITT ISLAND, FL

Zip

24 32953

Country

25 BREVARD

2a. Mailing Address

26 P O BOX 542258

Suite, Apt. #, etc.

27

City & State

28 MERRITT ISLAND FL

Zip

29 32954-2258 30 BREVARD

Country

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

4. FEI Number

65-0570582

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 ☒

9. Name and Address of Current Registered Agent

STANTON, ARCH SR.
625 SW 44TH AVE.
PLANTATION FL 33317-4038

10. Name and Address of New Registered Agent

81 Name

STANTON, ARCH

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

210 BOARDMAN DR

83

84 City

MERRITT ISLAND

FL

85 Zip Code

32953

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 607.0502, Florida Statutes.

SIGNATURE

Signature of individual or entity authorized to register on behalf of the corporation

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME STANTON, ARCH SR.
STREET ADDRESS 625 SOUTHWEST 44TH AVENUE
CITY-ST-ZIP PLANTATION FL 33317-4038

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

Daytime Phone #

CR2E034 (12/95)