PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027198

1. Corporation Name

HAROLD, INC.

Principal Place of Business

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

FILED Feb 23, 1999 8:00 am **Secretary of State**

02-23-1999 90034 041 ***150.00



Frincipal Flace	or business	Maining Address				
210 BOARDMAN DR. MERRITT ISLAND FL 32953 US		P.O. BOX 542258 MERRITT ISLAND FL 32954-2258 US		DO NOT WRITE IN THIS SPACE		
••				3. Date Incorporated or Qualifed		
				04/05/1995		
9 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applie	ed For
21 815	32ND AVE _	26 815 32 NN	AVE	65-0570582	Not A	pplicable
Suite, Apt.		Suite, Apt. #, etc.	AVE		_ \$8.75 Add	litional
	#, etc.	27		5. Certifcate of Status Desired	Fee Requi	
City & State	Α	City & State		6. Election Campaign Financing	¬ \$5.00 ма	v Be
<u> </u>		28 VERO BEACH	ı Ec	Trust Fund Contribution	Added to F	,
23 VERO	Country	Zip Zip	Country	This corporation owes the current		
24 3296	- ·	29 32960 30	<u></u>	Personal Property Tax.		No
24 32 10	9. Name and Address of Current		- T	10. Name and Address of New Reg	istered Agent	
81 Name						
STAI	NTON, ARCH					
O10 POADDAAAL DD 82 Street Addres				Idress (P.O. Box Number is Not Acceptable	·)	
210 BUAHUMAN DR 815 32 ND AVE 83						
militari i istrato i e sesso						
			84 City		85 Zip Cod	
			VERC		FL 3296	
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 coupl the objections of Section 607.0505, Florida Statutes.						
SIGNATURE	(d. LIF	Tilger what		1-11	-98	ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requ		DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	Р	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	STANTON, ARCH		1.2 NAME	•		
- STREET ADDRESS	_210 BOARDMAN DR		-4.3 STREET ADDRESS	.81532-NDAVE		
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	VERO BEACH, FL	32 <i>960</i> _	
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
C(TY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 T/TLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY ST. 7ID			34 CITY-ST-ZIP			

64 CITY-ST-ZIP CITY-ST-ZIP Thereby 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.

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: 4

☐ DELETE

☐ DELETE

☐ DELETE

Addition

☐ Addition

☐ Addition

☐ Change

Change

Change