

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 # P95000073083 (4)

1. Corporation Name
H.Y. 60 CO.



Principal Place of Business

Mailing Address

C/O HARRIS & COMPANY
309 NORTH BELCHER ROAD
CLEARWATER FL 34625

C/O HARRIS & COMPANY
309 NORTH BELCHER ROAD
CLEARWATER FL 34625

3. Date Incorporated or Qualified
09/21/1995

3a. Date of Last Report
FIRST

2. Principal Place of Business
21 3005 SR590

2a. Mailing Address
26 3005 SR590

4. FEI Number
59-3340995

Applied For
Not Applicable

22 SUITE 200

27 SUITE 200

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 CLEARWATER, FL

28 CLEARWATER, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34619 25 USA

29 34619 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name MARSHALL S. HARRIS
82 Street Address (P.O. Box Number is Not Acceptable)
3005 SR590
83 SUITE 200
84 City CLEARWATER FL 85 Zip Code 34619

11. Pursuant to the provisions of Section 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HARRIS, MARSHALL S	309 NORTH BELCHER ROAD	CLEARWATER FL 34625	<input type="checkbox"/>
VD	BROWN, ROBERT G	309 NORTH BELCHER ROAD	CLEARWATER FL 34625	<input type="checkbox"/>
SD	TELFORD, JOHN T	309 NORTH BELCHER ROAD	CLEARWATER FL 34625	<input type="checkbox"/>
TD	SPAULDING, DAVID	309 NORTH BELCHER ROAD	CLEARWATER FL 34625	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		3005 SR590, SUITE 200	CLEARWATER, FL 34619	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		3005 SR590, SUITE 200	CLEARWATER, FL 34619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		3005 SR590, SUITE 200	CLEARWATER, FL 34619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		3005 SR590, SUITE 200	CLEARWATER, FL 34619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: MARSHALL S. HARRIS 4-25-96 (813) 770-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)