

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

APPROVED  
AND  
FILED

1997 JAN 23 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095696 (7)

1. Corporation Name

HARPER-MYERS, INC.

Principal Place of Business

12756 FORESTEDGE CIRCLE  
ORLANDO FL 32828

Mailing Address

12756 FORESTEDGE CIRCLE  
ORLANDO FL 32828

2. Principal Place of Business

21 2912 Langley Park Court  
Suite, Apt. #, etc.

22 City & State  
Orlando, FL

23 Zip  
32835

24 Country  
USA

25. Mailing Address

26 P.O. Box 690066  
Suite, Apt. #, etc.

27 City & State  
Orlando, FL

28 Zip  
32869

29 Country  
USA

3. Date Incorporated or Qualified

12/19/1995

3a. Date of Last Report

First

4. FEI Number

59-855-4894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

BAIRD, J B  
225 EAST ROBINSON STREET STE 450  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Thomas C. Montgomery

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

2912 Langley Park Court

83

84 City

Orlando

FL

85 Zip Code

32835

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

Thomas C. Montgomery

12-20-96

Signature, typed or printed name of registered agent or director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D SPEAR, LYNDIA H  
STREET ADDRESS  
12756 FORESTEDGE CIRCLE  
CITY-ST-ZIP  
ORLANDO FL 32828

TITLE ☐ DELETE

NAME  
D SPEAR, ERNEST H III  
STREET ADDRESS  
12756 FORESTEDGE CIRCLE  
CITY-ST-ZIP  
ORLANDO FL 32828

TITLE ☐ DELETE

NAME  
D MONTGOMERY, KRISTY M  
STREET ADDRESS  
2912 LANGLEY PARK COURT  
CITY-ST-ZIP  
ORLANDO FL 32835

TITLE ☐ DELETE

NAME  
D MONTGOMERY, THOMAS C  
STREET ADDRESS  
2912 LANGLEY PARK COURT  
CITY-ST-ZIP  
ORLANDO FL 32835

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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
2653 Hunters Point Dr  
1.4 CITY-ST-ZIP  
Wexford, PA 15090

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2653 Hunters Point Dr  
2.4 CITY-ST-ZIP  
Wexford, PA 15090

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
President/Treasurer/Director  
700002067607--1  
-01/24/97--01041--033  
\*\*\*\*225.00 \*\*\*\*225.00

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
Vice President/Secretary/Director  
700002067607--1  
-01/24/97--01041--034  
\*\*\*\*150.00 \*\*\*\*150.00

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
D Danny Arnold  
5.3 STREET ADDRESS  
3510 Cullen Lake Shore Dr  
5.4 CITY-ST-ZIP  
Orlando, FL 32812

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

REINSTATEMENT

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:

Thomas C. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 425-1100 x213

CR2E034 (12/95)