


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 11, 1999 8:00 am  
Secretary of State

02-11-1999 90014 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010931

1. Corporation Name

HARPOHM OF ST. AUGUSTINE, INC.

Principal Place of Business 890 WEST KING STREET ST. AUGUSTINE FL 32095	Mailing Address 890 WEST KING STREET ST. AUGUSTINE FL 32095
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

APPLIED FOR 59-3357386

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax.☐ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FEREBEE, DAVID B ESQ  
503 EAST MONROE STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

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

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	PRES.	<input checked="" type="checkbox"/> DELETE
NAME	KAUSHIKBAM PATEL	
STREET ADDRESS	890 W. KING ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
TITLE	OFFICER	<input type="checkbox"/> DELETE
NAME	MALIBEN PATEL	
STREET ADDRESS	890 W. KING ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	MALIBEN PATEL	
STREET ADDRESS	890 W. KING ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALIBEN PATEL	
1.3 STREET ADDRESS	890 W. KING ST.	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
2.1 TITLE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MALIBEN PATEL	
2.3 STREET ADDRESS	890 W. KING ST.	
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MALIBEN PATEL	
3.3 STREET ADDRESS	890 W. KING ST.	
3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 (904) 829-2732

Date

Daytime Phone #

CR2E034 (11/98)