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

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 AUG 18 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074973

1. Corporation Name
DAN HARVEY & ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 811-B N. Main St. | P.O. Box 817 |
| Havana, FL. 32333 | Havana, FL. 32333 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 9-10-96 |
| 21 811-B N. MAIN ST | 26 P.O. Box 817 | 4. FEI Number | 59-3403731 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certifcate of Status Desired ☐ | $8.75 Additional Fee Required |
| 23 City & State: Havana FL 32333 | 28 City & State: Havana FL 32333 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 24 Zip: 32333 25 Country | 29 Zip: 32333 30 Country | 8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Law Offices of Hal Richmond<br>227 East Jefferson St<br>Quincy FL 32351 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | SDH | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | TINA HARVEY | | 12 NAME | |
| STREET ADDRESS | Rt 2 Box 186 | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Quincy FL 32351 | | 14 CITY-ST-ZIP | |
| TITLE | VICE - President | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | JEFFREY D. Highsmith | | 22 NAME | 50000296429 5--1 |
| STREET ADDRESS | 126 Holly Lane | | 23 STREET ADDRESS | -08/19/99--01039--021 |
| CITY-ST-ZIP | Thomasville, GA 31757 | | 24 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | Treasurer | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ALICE C. JONES | | 32 NAME | |
| STREET ADDRESS | 821 WOODWARD ROAD | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Quincy, FL. 32351 | | 34 CITY-ST-ZIP | |
| TITLE | Secretary | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | MAXMILIAN TROMSDORFF | | 42 NAME | |
| STREET ADDRESS | 9450 Lisa Dr. | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee, FL 32311 | | 44 CITY-ST-ZIP | |
| TITLE | Official | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | Michael D. Hoffmann | | 52 NAME | |
| STREET ADDRESS | Rt 5 Box 5649 | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | Monticello FL 32344 | | 54 CITY-ST-ZIP | |
| TITLE | President | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | DAN H. HARVEY | | 62 NAME | |
| STREET ADDRESS | 811-B Main St. | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | Havana FL 32333 | | 64 CITY-ST-ZIP | |

CR2E034 (11/98)

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:** Dan Harvey 8/18/1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #