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

PROFIT CORPORATION ANNUAL REPORT

1998

CfTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfiam

**FILED** 

Apr 28 1998 8:00am

Secretary of State

\_\_\_ Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014552 (8)

HARLEY SHIPBUILDING CORPORATION

Principal Place of Business Mailing Address 300 S. FIRST AVE.O 300 S. FIRST AVE.O BARTOW FL 33830 BARTOW FL 33830 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-350*5*68 26 Not Applicable Sulte. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country ZiD 8. This corporation owes or has paid the current year Intangible 24 25 ☐ No 29 30 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARLEY, HOWARD D **B1** Name 300 STFIRST AVE.Q Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 83 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 abiligations of, Section 607.0505, Florida Statutes. , (ItOWARD D. HARLEY) APRIL 3, 1998 SIGNATURE (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. + CHAIRMAN DELETE PRESIDENT Change Addition 1.1 TITLE HOWARD D. HARLEY 1.2 NAME E. PEARL ST. STREET ADDRESS 1.3 STREET ADDRESS FLORIDA 73830 CITY-ST-ZIP 1.4 DITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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.

5.4 CITY - ST - 2IP

6.3 STREET ADDRESS

6.4 CITY-\$1-ZIP

6.1 TITLE

6.2 NAME

DELETE