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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000019633

1. Corporation Name
HARMONY GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~121 NORTH OSCEOLA AVE.~~
~~SUITE 300~~
CLEARWATER FL 33755

Mailing Address
~~121 NORTH OSCEOLA AVE.~~
~~SUITE 300~~
CLEARWATER FL 33755

3. Date Incorporated or Qualified
03/03/1997

4. FEI Number 59-3442881
APPLIED FOR

Applied For
Not Applicable

2. Principal Place of Business
21 2190 Rockledge Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 2190 Rockledge Dr
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Rockledge FL

28 City & State
Rockledge FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32955 25 Country USA

29 Zip 32955 30 Country USA

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~LOGAN, FRANK C.~~
~~121 NORTH OSCEOLA AVE.~~
~~SUITE 300~~
~~CLEARWATER FL 33755~~

10. Name and Address of New Registered Agent
81 Name Tom Harmony
82 Street Address (P.O. Box Number is Not Acceptable)
2190 Rockledge Dr.
83
84 City Rockledge FL 85 Zip Code 32955

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 Tom Harmony 4/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD ☒ DELETE
NAME LOGAN, FRANK C.
STREET ADDRESS 121 NORTH OSCEOLA AVE.
CITY-ST-ZIP CLEARWATER FL 33755
TITLE VPD ☒ DELETE
NAME PAGON, FRANK C.
STREET ADDRESS 121 NORTH OSCEOLA AVE.
CITY-ST-ZIP CLEARWATER FL 33755
TITLE SD ☒ DELETE
NAME MILLER, DONNA C.
STREET ADDRESS 121 NORTH OSCEOLA AVE.
CITY-ST-ZIP CLEARWATER FL 33755
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 PSD
1.2 NAME TOM HARMONY ☐ Change ☒ Addition
1.3 STREET ADDRESS 2190 Rockledge Dr
1.4 CITY-ST-ZIP Rockledge, FL 32955
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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: Tom Harmony 4/16/99 407 636 0693
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)