

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029073 (8)

1. Corporation Name

HAROLD MAHON, INCORPORATED

Principal Place of Business

4220 CORDGRASS INLET ROAD
JACKSONVILLE BEACH FL 32250

Mailing Address

4220 CORDGRASS INLET ROAD
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3434060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2671 Gilmore ST

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE FL

Zip

24 32204

Country

25 DUAL

2a. Mailing Address

26 2671 Gilmore ST

Suite, Apt. #, etc.

27

City & State

28 JAX FL

Zip

29 32204

Country

30 DUAL

9. Name and Address of Current Registered Agent

KAUFFMAN, JOEL
4220 CORDGRASS INLET ROAD
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

HAROLD MAHON

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

4226 CORD GRASS Inlet Dr.

83

84 City

JACKSONVILLE Bch FL

85 Zip Code

32250

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 of person authorized to execute and file this report.

(If the Registered Agent signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☒ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

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 included on the 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 recorder of public companies to create this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document, or on an attached document with this report.

2/9/98 9:43887375

CR2E034 (10/97)