

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000029073

FILED
Jul 20, 2006
Secretary of State

Entity Name: HAROLD MAHON, INCORPORATED

Current Principal Place of Business:

2650-1 ROSSELLE ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

15680 CROAKER ROAD
UNIT 1
JACKSONVILLE, FL 32226 US

Current Mailing Address:

2650-1 ROSSELLE ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

15680 CROAKER ROAD
JACKSONVILLE, FL 32226 US

FEI Number: 59-3434660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAHON, HAROLD
4226 CORDGRASS INLET DR
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

MAHON, HAROLD
15680 CROAKER ROAD
JACKSONVILLE, FL 32226 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HAROLD MAHON

07/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAHON, HAROLD
Address: 4226 CORDGRASS INLET DR
City-St-Zip: JACKSONVILLE, FL 32250

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAHON, HAROLD
Address: 15680 CROAKER ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: V.P. () Change (X) Addition
Name: MAHON, ETHEL E
Address: 15680 CROAKER ROAD
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD MAHON

P

07/20/2006

Electronic Signature of Signing Officer or Director

Date