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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90055 008 \*\*\*150.00

DOCUMENT # P98000008123

1. Corporation Name

HARBOR OAKS OFFICE CENTER, INC.



Principal Place of Business

Mailing Address

~~31600 U.S. HIGHWAY 19~~  
~~PALM HARBOR FL 34684~~

~~31600 U.S. HIGHWAY 19~~  
~~PALM HARBOR FL 34684~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

2. Principal Place of Business

2a. Mailing Address

21 335 CROSSWINDS DR.  
Suite, Apt. #, etc.

26 335 CROSSWINDS DR.  
Suite, Apt. #, etc.

4. FEI Number

59-3488083

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 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

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301

81 Name  
GARY R. REID

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

335 CROSSWINDS DR.

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME REID, GARY

STREET ADDRESS ~~31600 U.S. HIGHWAY 19 NORTH~~

CITY-ST-ZIP ~~PALM HARBOR FL 34684~~

TITLE ☐ DELETE

NAME REID, PEGGY

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

D P

REID, GARY

335 CROSSWINDS DR.

PALM HARBOR FL 34683

D S

REID, PEGGY

335 CROSSWINDS DR.

PALM HARBOR FL 34683

D V

REEVES, CHARLES

2750 JARVIS CIRCLE

PALM HARBOR FL 34683

D T

NICOLETTE, SANDRA

2750 JARVIS CIRCLE

PALM HARBOR FL 34683

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:

GARY R. REID President 2/24/98 727-784-0878

CR2E034 (11/98)