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

PROFIT CORPORATION ANNUAL REPORT

1997

011Y-\$1-76*



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S10499

(9)

HARRINGTON CONSULTANTS, INC.

Principal Place	Mailing Address								
525 VERA CRU DESTIN FL 325			525 VERA CRUZ Destin Fl 32541-3015						
						3. Date Incorporated or Qualifie		ate of Last R	eport
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number			oplied For
21	and the same of th	26				59-3035276			ot Applicable
Suite Apt.	#. etc	Suite, Apt. #,	etc.		******	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	Ð	City & State	7			6. Election Campaign Financing		\$5.00	
23]	Country	28		ountry		Trust Fund Contribution		Added 1	
24	25	29	30		,	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes			
24]	9. Name and Address of Cur		[30]	T		10. Name and Address of New			
NEV	VMAN, RAYMOND F., JR.			81	Name			-	
	EGLIN PKWY NE			82	Street	Address (P.O. Box Number is Not Accep	table)	 	
	WALTON BEACH FL 32548				- Circuit	Total Control To Total Control			
				83					
				84	City			85 Zip (Code
							FL	- 1 `	
11. Pursuant office or r	to the provisions of Sections 607.0 registered arrest or both, in the St.	0502 and 607.1508, Floridate of Floridate	da Statutes, the	abov ed b	e-named	corporation submits this statement for the poration's board of directors. I hereby ac	e purpose o	of changing it pointment as	registered
agent. La	m familiar with, and accept the of	digations of Section 607	.0505, Florida St	atute	S.	,			
SIGNATURE				-					
12.	Stg. (2) type, a composited name of registered OF CLOSE DR	Lagerr and title it applicable AND DIRECTORS	(NOTE Rogiste		ent signature	required when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	D DIRECTOR	RS IN 12
TITLE	PD	DI		TITLE		VICE PRESIDENT	TOETO TITLE	Change	Addition
NAME	HARRINGTON, CECIL F.			NAME		HAPPINGTON CLA	v5		
STREET ADDRESS	525 VERA CRUZ				T ADDRESS	HARRINGTON, CLA SZE VERA CRUB	ι -		
CHY ST-7IP	DESTIN FL				ST-ZIP	DESTIN FLORIDA	325	4 1	
16.11		□ D		TITLE				Change	Addition
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREE	1 ADDRESS				
CHY-ST-7IP			2.4	CITY-	ST-ZIP				
TRLE		D	ELETE 3.1	TITLE			197	☐ Change	Addition
NAM!			3.2	NAME					
STREET ADURESS			3.3	STREE	1 ADDRESS				
CCTY+ST+ZIP				CITY-	ST-ZIP				
TITLE			ELETE 4.1	TITLE				Change	L Addition
NAME			4.2	NAME					
STREET ADORESS			4.3	STREE	T ADDRESS				
CHr-S1 20:					ST - ZIP				1 1 4 4 4 5 5
TITLE		□ D		TITLE				L Change	Addition
NAME			•	NAME					
STREET ADDRESS			5.3	STREE	t address				
CHY-SI-ZIF					ST-ZIP			Change	
TITLE		□ Đ		THILE				Change	Addition
NAME				NAME					
STREET ADDRESS	1		■ 63	STREE	TADDRESS	1			

64 CITY-ST-ZIP

14. I do 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. SIGNATURE:

FILED

May 01 1997 8:00am

Secretary of State