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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:58

DOCUMENT # V13916 (4)

1. Corporation Name
HARBCO CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
9421 SOUTH ORNAGE BLOSSOM TRAIL SUITE 19 ORLANDO FL 32837	9421 SOUTH ORNAGE BLOSSOM TRAIL SUITE 19 ORLANDO FL 32837

3. Date Incorporated or Qualified: 02/13/1992
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business	2a. Mailing Address
21 3300 34th Street	26 3300 34th Street
Suite, Apt. #, etc. 22 3rd FLOOR	Suite, Apt. #, etc. 27 3rd FLOOR
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip / Country 24 32805 / 25 USA	Zip / Country 29 32805 / 30 USA

4. FEI Number: 59-3106664 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARB, A. TOM
9421 SOUTH ORANGE BLOSSOM TRAIL
SUITE 19
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3300 34th Street
83: 3rd Floor
84 City: ORLANDO, FL **FL** 85 Zip Code: 32805

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	HARB, A. TOM	1.2 NAME	
STREET ADDRESS	9421 S. ORANGE BLOSSOM T	1.3 STREET ADDRESS	3300 34th Street 3rd Floor
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	HARB, AMINE	2.2 NAME	
STREET ADDRESS	9421 S. ORANGE BLOSSOM T	2.3 STREET ADDRESS	3300 34th Street 3rd Floor
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063459 CP