

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:28

DOCUMENT # V20507 (2)

1. Corporation Name

HARMON-PRIDEMORE INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

2615 NW 6 ST
GAINESVILLE FL 32609

2615 NW 6 ST
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/09/1992

3a. Date of Last Report

02/24/1994

4. FEI Number

59-3118715

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARMON, JAMES
2615 NW 6 ST
GAINESVILLE FL 32609

81 Name

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

83

84 City

FL

85 Zip Code

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, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

(Number of registered agent and title of application)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE

P
HARMON, JAMES

15. NAME

16. STREET ADDRESS

17. CITY - ST - ZIP

18. TITLE

19. NAME

20. STREET ADDRESS

21. CITY - ST - ZIP

22. TITLE

23. NAME

24. STREET ADDRESS

25. CITY - ST - ZIP

26. TITLE

27. NAME

28. STREET ADDRESS

29. CITY - ST - ZIP

30. TITLE

31. NAME

32. STREET ADDRESS

33. CITY - ST - ZIP

34. TITLE

35. NAME

36. STREET ADDRESS

37. 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

☐ Change ☐ Addition

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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 110.07(3)(k), 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:

JAMES HARMON President 2/15/95 (904) 376-2524

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)