

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V20507 (2)**
1. Corporation Name
HARMON-PRIDEMORE INSURANCE AGENCY, INC.



Principal Place of Business: **2615 NW 6 ST GAINESVILLE FL 32609**
Mailing Address: **2615 NW 6 ST GAINESVILLE FL 32609**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 5538 B NW 43rd Street	26. 5538 B NW 43rd Street	03/09/1992	02/17/1995
22. City & State: Gainesville Florida	27. City & State: Gainesville Florida	4. FEI Number: 59-3118715	Applied For: <input type="checkbox"/> Not Applicable
23. Zip: 32653 Country: Alachua	29. Zip: 32653 Country: Alachua	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
24. 32653	25. Alachua	29. 32653	30. Alachua
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: HARMON, JAMES	
		82. Street Address (P.O. Box Number is Not Acceptable): 5538 B NW 43rd Street	
		83. City: Gainesville FL 85. Zip Code: 32653	

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]* **President James Harmon** 2/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARMON, JAMES		1.2 NAME:	
STREET ADDRESS: 2615 NW 6 ST		1.3 STREET ADDRESS: 5538 B NW 43rd Street	
CITY-ST-ZIP: GAINESVILLE FL		1.4 CITY-ST-ZIP: Gainesville, Florida 32653	
TITLE: ST	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PRIDEMORE, PAUL		2.2 NAME:	
STREET ADDRESS: 2615 NW 6 ST		2.3 STREET ADDRESS: 5538 B NW 43rd Street	
CITY-ST-ZIP: GAINESVILLE FL		2.4 CITY-ST-ZIP: Gainesville Florida 32653	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *[Signature]* **President James Harmon** 2/16/96 (352) 376-2524

CR2E034 (12/95)