

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 # V42187

(7)

1. Corporation Name

HARBOUR ASSOCIATES, INC.



Principal Place of Business

420 KNIGHTS RUN AVE.  
TAMPA FL 33602

Mailing Address

420 KNIGHTS RUN AVE.  
TAMPA FL 33602

3. Date Incorporated or Qualified  
06/09/1992

3a. Date of Last Report  
04/13/1995

2. Principal Place of Business

21 800 S. Harbour Island Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

26 800 S. Harbour Island Blvd  
Suite, Apt. #, etc.

4. FEI Number  
59-3129663

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FURTADO, DONALD A  
420 KNIGHTS RUN AVENUE  
TAMPA FL 33602

81 Name

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

800 S. Harbour Island Blvd

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, 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

*Donald A. Furtado*

Donald A. Furtado

4/29/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME HARVEY, THOMAS H III  
STREET ADDRESS 420 KNIGHTS RUN AVE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

1. TITLE ☒ Change ☐ Addition

TITLE DVS  
NAME FURTADO, DONALD A  
STREET ADDRESS 420 KNIGHTS RUN AVE  
CITY-ST-ZIP TAMPA FL

☐ DELETE

2. TITLE ☒ Change ☐ Addition

TITLE S  
NAME BULLARD, SANDRA S  
STREET ADDRESS 420 KNIGHTS RUN AVE  
CITY-ST-ZIP TAMPA FL

☒ DELETE

3. TITLE ☐ Change ☐ Addition

TITLE S  
NAME WOODBURG, MARK  
STREET ADDRESS 420 KNIGHTS RUN AVE.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

4. TITLE ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5. TITLE ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6. TITLE ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

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:

*Mark Woodburg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(813) 202-1872

Daytime Phone #

CR2E034 (12/95)