

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V42191** (9)
1. Corporation Name
HARBOUR ASSOCIATES CONSTRUCTION COMPANY



Principal Place of Business
**420 KNIGHTS RUN AVE
TAMPA FL 33602
US**

Mailing Address
**420 KNIGHTS RUN AVE
TAMPA FL 33602
US**

3. Date Incorporated or Qualified
06/09/1992

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

4. FEI Number
59-3129601

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

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.

22 City & State

23 City & State

24 Zip

25 Country

27 City & State

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FURTADO, DONALD A.
420 KNIGHTS RUN AVE
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
800 S. Harbour Island Blvd

83

84 City

85 Zip Code
FL

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
DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DVPS	HARVEY, THOMAS H III	420 KNIGHTS RUN AVE	TAMPA FL	<input type="checkbox"/>
DPS	FURTADO, DONALD A.	420 KNIGHTS RUN AVE	TAMPA FL	<input type="checkbox"/>
VPS	THORSON, JEFFREY D	420 KNIGHTS RUN AVE	TAMPA FL	<input type="checkbox"/>
S	BULLARD, SANDRA S	420 KNIGHTS RUN AVE	TAMPA FL	<input checked="" type="checkbox"/>
S	WOODBURY, MARK	420 KNIGHTS RUN AVE	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		800 S. Harbour Island Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		800 S. Harbour Island Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		800 S. Harbour Island Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5 FURTADO, JANE G.	800 S. HARBOUR ISLAND BLVD	TAMPA, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	5 WOODBURY, MARK	800 S. Harbour Island Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5 HARVEY, THOMAS	800 S. HARBOUR ISL. BLVD	TAMPA, FL 33602	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 **813 202 1872**
Date Daytime Phone #

CR2E034 (12/95)