

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 # V48606 (0)

1. Corporation Name

HARBOUR VENTURES ONE, 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

07/08/1992

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

59-3133024

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

FURTADO, DONALD A  
420 KNIGHTS RUN ROAD  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

800 S. Harbour Island Blvd.

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*  
Signature, typed or printed name of registered agent and true and correct.

*Donald A. Furtado*

(NOTE: Registered Agent signature required when reinstating)

7/29/96  
Date

12. OFFICERS AND DIRECTORS

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

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

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

TITLE S  
NAME WOODBURY, MARK  
STREET ADDRESS 420 KNIGHTS RUN AVE  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 800 S Harbour Island Blvd  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 800 S Harbour Island Blvd  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Woodbury, Mark  
4.3 STREET ADDRESS 800 S. Harbour Island Blvd  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME FURTADO, JONE G.  
5.3 STREET ADDRESS 800 S. HARBOUR ISLAND BLVD  
5.4 CITY-ST-ZIP TAMPA, FL 33602

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME HARVEY, FLORENCE  
6.3 STREET ADDRESS 800 S. HARBOUR ISL. BLVD  
6.4 CITY-ST-ZIP TAMPA, FL 33602

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:

*John Harvey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96  
Date

(813) 202-1872  
Daytime Phone #

CR2E034 (12/95)