FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

DOCUMENT # **V73595** **(3)**

95 MAY -1 AM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
HARMONY INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
280 CLEARLAKE RD #2 COCOA FL 32926 US	2190 ROCKLEDGE DRIVE ROCKLEDGE FL 32955 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/21/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-3149967** ☐ 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

LOGAN, FRANK C.
400 CLEVELAND ST
SUITE 800
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

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, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARMONY, THOMAS P	1.2 NAME	
STREET ADDRESS	2190 ROCKLEDGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☑ Change ☐ Addition
NAME	ALBERT P. ELEBASH JR.	2.2 NAME	~~Name~~ V. HARMONY, Thomas P.
STREET ADDRESS	200 WILLARD STREET	2.3 STREET ADDRESS	2190 Rockledge DR,
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	SECD	3.1 TITLE	☑ Change ☐ Addition
NAME	JANE K. HARMONY	3.2 NAME	~~None~~ SEC Harmony, Thomas P.
STREET ADDRESS	200 WILLARD STREET	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	TRES	4.1 TITLE	☑ Change ☐ Addition
NAME	SHANNON HARMONY	4.2 NAME	~~None~~ TRES. Harmony, Thomas P.
STREET ADDRESS	200 WILLARD STREET	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(i), 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: Thomas P. Harmony 4/29/95 407.639-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas P. Harmony

0070760 CP