

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 4:16

DOCUMENT # **856556** (6)

1. Corporation Name  
**THE HARVEST INSURANCE AGENCY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**6277 SEA HARBOR DR 5TH FLR  
ATTN: TAX DEPT  
ORLANDO FL 32887  
US**      **6277 SEA HARBOR DR 5TH FLR  
ATTN: TAX DEPT  
ORLANDO FL 32887  
US**

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/26/1983**      **03/11/1994**  
4. FEI Number      Applied For  
**34-0936565**      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      10. Name and Address of New Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**      B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 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      Signature (Print or printed name of registered agent and firm if applicable)      (NOTE: Registered Agent signature required when re-registering)      DATE  
**03/27/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<b>Chairman &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAWSON, FREDERICK M.</b>	1.2 NAME	<b>Patrick E. Welch</b>
STREET ADDRESS	<b>6277 SEA HARBOR DR.</b>	1.3 STREET ADDRESS	<b>601 Union Street</b>
CITY, ST, ZIP	<b>ORLANDO FL</b>	1.4 CITY, ST, ZIP	<b>Seattle WA 98101-2336</b>
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WORTHMAN, BETH</b>	2.2 NAME	
STREET ADDRESS	<b>6277 SEA HARBOR DR.</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>T</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGUNIN, JEFFREY I.</b>	3.2 NAME	
STREET ADDRESS	<b>6277 SEA HARVOR DR.</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	3.4 CITY, ST, ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMONDS, PATRICK L</b>	4.2 NAME	
STREET ADDRESS	<b>6277 SEA HARBOR DR.</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	4.4 CITY, ST, ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROBERT A.</b>	5.2 NAME	<b>Richard K. Larson</b>
STREET ADDRESS	<b>27 BOYLSTON ST.</b>	5.3 STREET ADDRESS	<b>6277 Sea Harbor Drive</b>
CITY, ST, ZIP	<b>CHESTNUT HILL MA</b>	5.4 CITY, ST, ZIP	<b>Orlando FL 32887</b>
TITLE		6.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Alan G Birsch</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>6277 Sea Harbor Drive</b>
CITY, ST, ZIP		6.4 CITY, ST, ZIP	<b>Orlando FL 32887</b>

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 110.07(3)(b), 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 regular or limited empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Patrick L. Edmonds*      **03/28/95**      (407) 345-2368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number