

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856556 (6)

1. Corporation Name
THE HARVEST INSURANCE AGENCY, INC.



Principal Place of Business 6277 SEA HARBOR DR 5TH FLR ORLANDO FL 32887 US	Mailing Address 6277 SEA HARBOR DR 5TH FLR ORLANDO FL 32887 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/26/1983

2. Principal Place of Business 21 610 Crescent Executive Ct.	2a. Mailing Address 26 PO Box 956004
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27
City & State 23 Lake Mary, FL 32746	City & State 28 Lake Mary, FL 32795-6004
Zip 24 32746	Country 25 Seminole
Zip 29 32795-6004	Country 30 Seminole

4. FEI Number
34-0936565

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 VS	NAME WORTHMAN, BETH	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6277 SEA HARBOR DR.	CITY-ST-ZIP ORLANDO FL	1.2 NAME	
		1.3 STREET ADDRESS	610 Crescent Executive Ct., Suite 400
		1.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE V	NAME HUGUNIN, JEFFREY I.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 601 UNION ST	CITY-ST-ZIP SEATTLE WA 98101	2.2 NAME	
		2.3 STREET ADDRESS	6604 W. Broad St.
		2.4 CITY-ST-ZIP	Richmond, VA 23230
TITLE VP	NAME EDMONDS, PATRICK L	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6277 SEA HARBOR DR.	CITY-ST-ZIP ORLANDO FL	3.2 NAME	
		3.3 STREET ADDRESS	610 Crescent Executive Ct., Suite 400
		3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE P	NAME LARSON, RICHARD K	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6277 SEA HARBOR DRIVE	CITY-ST-ZIP ORLANDO FL	4.2 NAME	
		4.3 STREET ADDRESS	610 Crescent Executive Ct., Suite 400
		4.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE SRVP	NAME STIFF, GEOFFREY S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 601 UNION ST	CITY-ST-ZIP SEATTLE WA 98101	5.2 NAME	
		5.3 STREET ADDRESS	700 Main Street
		5.4 CITY-ST-ZIP	Lynchburg, VA 24505
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 _____ DATE **4/10/98** (407) 804-7000

CR2E034 (10/97)