

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90080 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 856556**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**610 CRESCENT EXECUTIVE CT.  
 SUITE 400  
 LAKE MARY FL 32746  
 US**

Mailing Address  
**P.O. BOX 956004  
 LAKE MARY FL 32795-6004  
 US**

3. Date Incorporated or Qualified  
**05/26/1983**

4. FEI Number  
**34-0936565**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 6610 W. Broad St**  
 Suite, Apt. #, etc.  
**22 FSG - 8th Floor**  
 City & State  
**23 Richmond, Va.**  
 Zip  
**24 23230** Country  
**25 USA**

2a. Mailing Address  
**26 6610 W. Broad St.**  
 Suite, Apt. #, etc.  
**27 FSG 8th Floor Low 114**  
 City & State  
**28 Richmond, Va.**  
 Zip  
**29 23230** Country  
**30 USA**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	WORTHMAN, BETH	
STREET ADDRESS	610 CRESCENT EXECUTIVE CT., SUITE 400	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGUNIN, JEFFREY I.	
STREET ADDRESS	6604 W. BROAD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EDMONDS, PATRICK L	
STREET ADDRESS	610 CRESCENT EXECUTIVE CT., SUITE 400	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHUTZ, PAM S.	
STREET ADDRESS	610 CRESCENT EXECUTIVE CT., SUITE 400	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	STIFF, GEOFFREY S	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA 24505	
TITLE	S	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SRVP General Counsel Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beth E. Wortman	
1.3 STREET ADDRESS	6604 W. Broad St.	
1.4 CITY-ST-ZIP	Richmond, Va. 23230	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elaine G. Fishman	
3.3 STREET ADDRESS	6610 W. Broad St.	
3.4 CITY-ST-ZIP	Richmond, Va. 23230	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas M. Stinson	
4.3 STREET ADDRESS	6630 W. Broad St.	
4.4 CITY-ST-ZIP	Richmond, Va. 23230	
5.1 TITLE	SRVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Geoffrey S. Stiff	
5.3 STREET ADDRESS	6610 W. Broad St.	
5.4 CITY-ST-ZIP	Richmond, Va. 23230	
6.1 TITLE	SRVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert O. Chinn	
6.3 STREET ADDRESS	6630 W. Broad St.	
6.4 CITY-ST-ZIP	Richmond Va. 23230	

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, with all other like empowered.

SIGNATURE: Elaine G. Fishman 1/20/99 804-287-6648  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)