

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:16

DOCUMENT # **856557** (4)

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1983	3a. Date of Last Report 03/11/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	34-1331892	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	DAWSON, FREDERICK M.
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	MILLER, CHARLES E., JR.
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VS
NAME	WORTHMAN, BETH
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	P
NAME	LARSON, RICHARD K
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	HUGUNIN, JEFFREY I.
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VP
NAME	EDMONDS, PATRICK L
STREET ADDRESS	6277 SEA HARBOR DR.
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patrick E. Welch	
1.3 STREET ADDRESS	601 Union Street	
1.4 CITY - ST - ZIP	Seattle WA 98101-2336	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alan G. Birsch	
2.3 STREET ADDRESS	6277 Sea Harbor Drive	
2.4 CITY - ST - ZIP	Orlando FL 32887	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 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: *Patrick L. Edmonds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick L. Edmonds

03/28/95 (407) 345-2368
Date (Optional Phone #)