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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **856557**

1. Corporation Name
THE HARVEST LIFE 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
05/27/1983

4. FEI Number
34-1331892

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **6610 W. Broad St**
 Suite, Apt. #, etc.
FSG 8th Floor # 114, Low

22 **Richmond, Va.**
 City & State

23 **23230**
 Zip

24 **USA**
 Country

25 **6610 W. Broad St**
 Suite, Apt. #, etc.
FSG 8th Floor # 114, Low

26 **Richmond, Va.**
 City & State

27 **23230**
 Zip

28 **USA**
 Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	STIFF, GEOFFREY S	
STREET ADDRESS	700 MAIN STREET	
CITY-ST-ZIP	LYNCHBURG VA 24505	
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	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	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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SRVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STIFF, Geoffrey S.	
1.3 STREET ADDRESS	6610 W Broad St.	
1.4 CITY-ST-ZIP	Richmond, Va. 23230	
2.1 TITLE	SRVP, General Counsel, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beth E. Wortman	
2.3 STREET ADDRESS	6604 W. Broad St.	
2.4 CITY-ST-ZIP	Richmond, Va. 23230	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas M. Stinson	
3.3 STREET ADDRESS	6630 W. Broad St.	
3.4 CITY-ST-ZIP	Richmond, Va. 23230	
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	SRVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert D. Chinn	
5.3 STREET ADDRESS	6630 W. Broad St	
5.4 CITY-ST-ZIP	Richmond, Va. 23230	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elaine G. Fishman	
6.3 STREET ADDRESS	6610 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/20/99 Daytime Phone #: 804-287-6648

CR2E034 (1/98)