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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000005264 (3)**

1. Corporation Name

HARDEN & COMPANY INSURANCE SERVICES, INC.

Principal Place of Business

**PO BOX 4101
CONCORD CA 94524-1401**

Mailing Address

**PO BOX 4101
CONCORD CA 94524-1401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

94-2311657

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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

Signature, typed or printed name of registered agent and Title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD
DUNATHAN, JAMES R**
STREET ADDRESS **3871 COTTONWOOD DRIVE**
CITY-ST-ZIP **DANVILLE CA 94508**

TITLE ☐ DELETE

NAME **PD
BOYD, LYNN A**
STREET ADDRESS **104 TIMSON COURT**
CITY-ST-ZIP **FOLSOM CA 95630**

TITLE ☐ DELETE

NAME **EVD
PETERSEN, RAYMOND P**
STREET ADDRESS **746 KENDON LANE**
CITY-ST-ZIP **NOVATO CA 94957**

TITLE ☐ DELETE

NAME **CFOD
MYERS, MARY JESUS P**
STREET ADDRESS **21095 GARY DRIVE #207**
CITY-ST-ZIP **HAYWARD CA 94546**

TITLE ☐ DELETE

NAME **CEOS
WIKLUND, EARL**
STREET ADDRESS **3237 WINGED FOOT DRIVE**
CITY-ST-ZIP **FAIRFIELD CA 94533**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **220 TWINBRIDGE CIRCLE**
1.4 CITY-ST-ZIP **PLEASANT HILL, CALIFORNIA 94523**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

FEBRUARY 11 1998 (510)682-7707

CR2E034 (10/97)