FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # 324301 (1)

1. Corporation Name

HARSON, INC.

Principal Place of Business	Mailing Address
1571 DOYLE RD DELTONA FL 32725	1571 DOYLE RD DELTONA FL 32725

3. Date Incorporated or Qualified: 12/14/1967
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-1200571 — [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

HARRALSON, ALLEN E.
1571 DOYLE RD
DELTONA FL 32725

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 ________

12. OFFICERS AND DIRECTORS

TITLE	V	[ ] DELETE
NAME	HARRALSON, WENDY	
STREET ADDRESS	1571 DOYLE RD	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	SDT	[ ] DELETE
NAME	HARRALSON, JO ANN	
STREET ADDRESS	1571 DOYLE RD	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	DP	[ ] DELETE
NAME	HARRALSON, ALLEN E	
STREET ADDRESS	1571 DOYLE RD	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	D	[ ] DELETE
NAME	HARRALSON, EUGENE D	
STREET ADDRESS	1571 DOYLE RD	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	D	[ ] DELETE
NAME	GRAVES, ALLENE H.	
STREET ADDRESS	P.O. BOX 455 N/A	
CITY-ST-ZIP	CANDOR NC	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jo Ann B. Harralson — Jo Ann B. Harralson — 3-13-96 — 407-574-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

2371