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007237

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90111 026 ***150.00

DOCUMENT # 324301

1. Corporation Name
HARSON, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/14/1967

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HARRALSON, WENDY		12 NAME		
STREET ADDRESS	1571 DOYLE RD		13 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HARRALSON, JO ANN		22 NAME		
STREET ADDRESS	1571 DOYLE RD		23 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000		24 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HARRALSON, ALLEN E		32 NAME		
STREET ADDRESS	1571 DOYLE RD		33 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HARRALSON, EUGENE D		42 NAME		
STREET ADDRESS	1571 DOYLE RD		43 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 00000		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

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: Allen E Harralson Allen Harralson 3-12-99 407/574-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #