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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000007389

1. Corporation Name

HARRIS CHAIN POWER SQUADRON, INC.

Principal Place of Business

2590 EASTLAND ROAD
MOUNT DORA FL 32757

Mailing Address

2590 EASTLAND ROAD
MOUNT DORA FL 32757



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 304 Lily Pad Lane
27 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/30/1998

4. FEI Number

59-3549272

Applied For

Not Applicable

23 City & State

28 City & State

EUSTIS FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip

Country

29 Zip

Country

30 32726

LAKE

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BAIRD, ROBERT
2590 EASTLAND ROAD
MOUNT DORA FL 32757

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME BAIRD, ROBERT
STREET ADDRESS 2590 EASTLAND ROAD
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D DELETE

NAME BYRNES, ROBERT C
STREET ADDRESS 14228 SW 43RD COURT ROAD
CITY-ST-ZIP Ocala FL 34473

TITLE D DELETE

NAME BODEN, HEINZ
STREET ADDRESS 1097 PALM HARBOR DR.
CITY-ST-ZIP LEESBURG FL 34748

TITLE D DELETE

NAME RODRIGUEZ, JAMES
STREET ADDRESS 12532 LAKE RIDGE CIRCLE
CITY-ST-ZIP CLERMONT FL 34711

TITLE TD DELETE

NAME GONZALEZ, MARIAN
STREET ADDRESS 304 LILY PAD ROAD
CITY-ST-ZIP EUSTIS FL 32726

TITLE SD DELETE

NAME BAIRD, NANCY
STREET ADDRESS 2590 EASTLAND ROAD
CITY-ST-ZIP MOUNT DORA FL 32757

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

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 617, 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:

Marian Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-99
Date

352-483-3395
Daytime Phone #

CR2E037 (11/98)