

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000014784 (1)**

1. Corporation Name

**HARRIS CRAM INCORPORATED**



Principal Place of Business

Mailing Address

3236 MORRIS STREET NORTH  
ST. PETERSBURG FL 33713

3236 MORRIS STREET NORTH  
ST. PETERSBURG FL 33713

2. Principal Place of Business

2a. Mailing Address

21 3228 MORRIS ST N  
State, Apt. #, etc.

26 3228 MORRIS ST N  
State, Apt. #, etc.

22 City & State  
23 ST PETERSBURG, FL

27 City & State  
28 ST PETERSBURG, FL

24 33713 25 PINELLAS

29 33713 30 PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

02/19/1993

01/24/1995

4. FEI Number

59-3164814

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

10. Name and Address of New Registered Agent

CRAM, WILLIAM  
3236 MORRIS STREET NORTH  
ST. PETERSBURG FL 33713

81 Name

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

83 3228 MORRIS ST N

84 City ST PETERSBURG

FL

85 Zip Code

33713

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 607.0509, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report or to sign for it

Signature of Registered Agent or person authorized to sign for it

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	P	<input type="checkbox"/> DELETE
12.2 NAME	CRAM, WILLIAM	
12.3 STREET ADDRESS	540 CARILLON PKWY #2051	
12.4 CITY-STATE-ZIP	ST-PETERSBURGH FL	
12.5 TITLE	D	<input type="checkbox"/> DELETE
12.6 NAME	CRAM, DEBBIE	
12.7 STREET ADDRESS	540 CARILLON PKWY -	
12.8 CITY-STATE-ZIP	ST. PETERSBURG FL	
12.9 TITLE	VPST	<input type="checkbox"/> DELETE
12.10 NAME	HARRIS, ROBERT M	
12.11 STREET ADDRESS	2504 GULF BLVD #308-	
12.12 CITY-STATE-ZIP	INDIAN ROCKS BEACH FL	
12.13 TITLE	D	<input type="checkbox"/> DELETE
12.14 NAME	HARRIS, LINDA M	
12.15 STREET ADDRESS	2504 GULF BLVD #308	
12.16 CITY-STATE-ZIP	INDIAN ROCKS BEACH FL	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		
12.21 TITLE		<input type="checkbox"/> DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY-STATE-ZIP		

13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	ADDRESS
13.3 STREET ADDRESS	2091 SALSBURY CT
13.4 CITY-STATE-ZIP	DAWA HARBOR, FL 34683
13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	ADDRESS
13.7 STREET ADDRESS	2091 SALSBURY CT
13.8 CITY-STATE-ZIP	DAWA HARBOR, FL 34683
13.9 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	ADDRESS
13.11 STREET ADDRESS	19526 GULF BLVD #3A
13.12 CITY-STATE-ZIP	INDIAN SHORES, FL 34635
13.13 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	ADDRESS
13.15 STREET ADDRESS	19526 GULF BLVD #3A
13.16 CITY-STATE-ZIP	INDIAN SHORES, FL
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	
13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 NAME	
13.23 STREET ADDRESS	
13.24 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Robert M Harris* ROBERT M HARRIS

1/25/96 (80) 823-5866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Filed

CR2E034 (12/95)