

1-14-97 B-0201 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P93000014784 (1)**

1. Corporation Name  
**HARRIS CRAM INCORPORATED**



Principal Place of Business Mailing Address

**3228 MORRIS ST NORTH  
 ST PETERSBURG FL 33713  
 US**

**3228 MORRIS ST NORTH  
 ST PETERSBURG FL 33713-2734  
 US**

3. Date Incorporated or Qualified <b>02/19/1993</b>		3a. Date of Last Report <b>02/06/1996</b>	
2. Principal Place of Business		4. FEI Number <b>59-3164814</b>	
21. Suite, Apt #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. 25.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. 30.			

9. Name and Address of Current Registered Agent

**CRAM, WILLIAM  
 3228 MORRIS ST N  
 ST. PETERSBURG FL 33713**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAM, WILLIAM</b>	
STREET ADDRESS	<b>2091 SALSBURY CT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAM, DEBBIE</b>	
STREET ADDRESS	<b>2051 SALSBURY CT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, ROBERT M</b>	
STREET ADDRESS	<b>19526 GULF BLVD #3A</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 34635</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, LINDA M</b>	
STREET ADDRESS	<b>19546 GULF BLVD #33A</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VPST</b>
3.3 STREET ADDRESS	<b>HARRIS, ROBERT M</b>
3.4 CITY-ST-ZIP	<b>2504 GULF BLVD #108</b>
	<b>INDIAN ROCKS BEACH FL 33785</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>HARRIS, LINDA M</b>
4.4 CITY-ST-ZIP	<b>2504 GULF BLVD #308</b>
	<b>INDIAN ROCKS BEACH FL 33785</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VP OPERATIONS</b>
5.3 STREET ADDRESS	<b>ROBERT W SOUTHWOOD</b>
5.4 CITY-ST-ZIP	<b>2044 Y6TH ST N</b>
	<b>ST PETERS, FL 33713</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 included 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 1/9/97 813-823-5866**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)