

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

CORPORATION
ANNUAL REPORT

1995-1-95



FLORIDA DEPARTMENT OF STATE
Carolea B. Meyers
Secretary of State
DIVISION OF CORPORATIONS

B-5503

APPROVED
AND
FILED

MAY - 1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043473 (5)

HARRIS FINANCIAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Office (Mailing Address) Mailing Address
1315 S HOWARD AVE 1315 S HOWARD AVE
TAMPA FL 33606 TAMPA FL 33606

3. Date Incorporated or Qualified 3a. Date of Last Report
06/06/1994

2. Principal Office (Mailing Address) 2a. Mailing Address
21. 26.

4. FEI Number Applied For
59-3247995 (01/1/95) Not Applicable

22. 27.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. 28.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. 25. Hills 29. 33606 30. Hills

7. This corporation has liability for a violation under 22, 23 or 24, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HARRIS, KATHERINE L
1315 S HOWARD AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE Registered Agent or Agent in Charge

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME PRES. D.R. ED HARRIS Tampa, FL 1315 So Howard Ave 102 33606	1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is correct, true, and complete, and that I am duly qualified to represent the corporation in the State of Florida. I further certify that the information is true and correct, and that my signature shall have the same legal effect as if made under oath. I understand and agree that the corporation is liable for the registration fee required by Chapter 22, Florida Statutes, and that my continuing representation is for a term of one year, unless terminated with an address.

SIGNATURE: *Ed Harris* / ED. HARRIS Pres. 4/25/95 813
251-8488