FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 03 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P95000095330 (3) CHIP HARRIS, INC. Principal Place of Business Mailing Address 660 FOUNTAINHEAD LN. 660 FOLINTAINHEAD UN NAPLES FL 33490 NAPLES FL 33490 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/14/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0628430 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\simega\) No 24 Personal Property Tax due June 30. 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, CHRISTOPHER C Street Address (P.O. Box Number is Not Acceptable) 660 FOUNTAINHEAD LN. 82 NAPLES FL 33490 TAMIAMI 83 84 Zip Code 34/03 NAPLES 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition TH N NAME HARRIS, CHRISTOPHER C 1.2 NAME 4851 660 FOUNTAINHEAD LN. STREET ADDRESS 1.3 STREET ADDRESS MAPLES FL 34103 NAPLES FL 33490 CITY-ST-71P 1.4 C(TV - ST - 7)P DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5.1 TITLE ☐ Change Addition

14. I hereby certify that the information supplied with this filling 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 open attachment with an address.

5 2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

SIGNATURE: 2

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Change

Addition

(10/97)

CR2E034