

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085052

Entity Name: HARRELL PROPERTY MANAGEMENT, INC.**Current Principal Place of Business:**4735 SUNBEAM ROAD
JACKSONVILLE, FL 32257**Current Mailing Address:**4735 SUNBEAM ROAD
JACKSONVILLE, FL 32257**FEI Number:** 65-1052835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRELL, WILLIAM
4735 SUNBEAM ROAD
JACKSONVILLE, FL 32257 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HARRELL, WILLIAM H
Address	4735 SUNBEAM RD.
City-State-Zip:	JACKSONVILLE FL 32257

Title	PD
Name	HARRELL, RENEE D
Address	4735 SUNBEAM
City-State-Zip:	JACKSONVILLE FL 32257

Title	SVP AND COB
Name	HARRELL, W. HOLT
Address	4735 SUNBEAM RD
City-State-Zip:	JACKSONVILLE FL 32257

Title	VPSD
Name	HARRELL, JULIE M
Address	4735 SUNBEAM RD
City-State-Zip:	JACKSONVILLE FL 32257

Title	T
Name	CHAPMAN, KIMBERLY H
Address	4735 SUNBEAM RD
City-State-Zip:	JACKSONVILLE FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: W. HOLT HARRELL

COB

03/27/2015

Electronic Signature of Signing Officer/Director Detail_____
Date