

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 15 AM 8:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 198734 (6)

**1. Corporation Name
HARRELL'S INC.**

Principal Place of Business

**720 KRAFT RD (33801)
P.O. BOX 807
LAKELAND FL 33802**

Mailing Address

**720 KRAFT RD (33801)
P.O. BOX 807
LAKELAND FL 33802**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1956

3a. Date of Last Report

03/07/1994

4. FEI Number

59-0808648

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HARRELL, JACK R
720 KRAFT RD
LAKELAND FL 33801**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**D
WILSON, SUSAN
1740 CLARENDON PLACE
LAKELAND FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**VPD
HARRELL, JACK R, JR
1645 HOLLINGSWORTH CREEK
LAKELAND, FL 00000**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**PD
HARRELL, JACK R
1702 MEADOWBROOK
LAKELAND, FL 00000**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**D
HARRELL, NORMA B
1702 MEADOWBROOK
LAKELAND, FL 00000**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**D
HARRELL, FRED
9815 TUNBRIDGE LANE
KNOXVILLE TN**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**D
STRAWBRIDGE, MARY LU
180 NE 52ND AVE
OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95 (813) 687-2774