FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 MAY -1 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **198734** **(6)**

1. Corporation Name
HARRELL'S INC.

Principal Place of Business	Mailing Address
720 KRAFT RD (33801) P.O. BOX 807 LAKELAND FL 33802	720 KRAFT RD (33801) P.O. BOX 807 LAKELAND FL 33802

300001821143
-05/14/96--01121--014
****200.00 ****200.00

3. Date Incorporated or Qualified: **12/31/1956**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when restricting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, SUSAN 1740 CLARENDON PLACE LAKELAND FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VICE ~~PRESIDENT~~ FOWLER,WILLIAM J 220 N IDLEWOOD AVE #202 BARTOW FL 33830 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ PRESIDENT HARRELL, JACK R, JR 1645 HOLLINGSWORTH CREEK LAKELAND, FL ~~00000~~ 33803 ☐ DELETE X CHANGE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT GILBERT,WILLIAM D ~~P.O BOX 1992~~ 5515 YALE ST LAKELAND FL ~~33802~~ 33809 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ CHAIRMAN HARRELL, JACK R 1702 MEADOWBROOK LAKELAND, FL ~~00000~~ 33803 ☐ DELETE X CHANGE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE PRESIDENT WILSON, STEPHEN R 1740 CLARENDON PLACE LAKELAND FL 33803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRELL, NORMA B 1702 MEADOWBROOK LAKELAND, FL 00000 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY & TREASURER HASKINS, RANDALL C 6501 CRESCENT LAKE DR LAKELAND FL 33813 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRELL, FRED 9615 TUNBRIDGE LANE KNOXVILLE TN 37922 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR HAHN, JAMES P ~~P O BOX 38~~ 638 Lake HOLLINGSWORTH DR LAKELAND FL ~~33802~~ 33803 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAWBRIDGE, MARY LU 180 NE 52ND AVE OCALA FL ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR STRAWBRIDGE, THEODORE R. ~~P O BOX 3191~~ 219 SE 54th ct. OCALA FL 34478 ☐ Change ☒ Addition

CR2E034 (12/95)

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 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 on an attachment with an address.

SIGNATURE: _____ 4/26/96 941 6872774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #