

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
P.O. BOX 807
LAKELAND FL 33802
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1956	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0808648	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	S
NAME	POWLER, WILLIAM J	1.2 NAME	HASKINS, RANDALL C
STREET ADDRESS	220 N. IDLEWOOD AVE., #202	1.3 STREET ADDRESS	6501 CRESENT LAKE DRIVE
CITY-ST-ZIP	BARTOW FL 33830	1.4 CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	P	2.1 TITLE	V
NAME	HARRELL, JACK R. JR	2.2 NAME	WILSON, STEPHEN R
STREET ADDRESS	1645 HOLLINGSWORTH CREEK	2.3 STREET ADDRESS	1740 CLARENDON PLACE
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	C	3.1 TITLE	D
NAME	HARRELL, JACK R	3.2 NAME	HAHN, JAMES P
STREET ADDRESS	1702 MEADOWBROOK / 746 HOLLINGSWORTH OAKS	3.3 STREET ADDRESS	P.O. BOX 88 101 S. 7th Ave
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	V	4.1 TITLE	
NAME	GILBERT, WILLIAM D	4.2 NAME	
STREET ADDRESS	5515 YALE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HARRELL, FRED	5.2 NAME	
STREET ADDRESS	1149 LAKE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94118	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	STRAWBRIDGE, THEODORE R	6.2 NAME	
STREET ADDRESS	219 S.E. 54TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34478	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Jack R. Harrell

Apr 23 1998

(94) 687-2774

CR2E034 (1097)