

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

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Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90017 045 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 198734

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

3. Date Incorporated or Qualified

12/31/1956

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 owes the current year Intangible

Personal Property Tax..

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, JACK R  
720 KRAFT RD  
LAKELAND FL 33801

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 ☐ DELETE

NAME FOWLER, WILLIAM J  
STREET ADDRESS 220 N. IDLEWOOD AVE., #202  
CITY-ST-ZIP BARTOW FL 33830

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME HARRELL, JACK R, JR  
STREET ADDRESS 1645 HOLLINGSWORTH CREEK  
CITY-ST-ZIP LAKELAND FL 33803

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE C ☐ DELETE

NAME HARRELL, JACK R  
STREET ADDRESS 1746 HOLLINGSWORTH OAKS  
CITY-ST-ZIP LAKELAND FL 33803

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME GILBERT, WILLIAM D  
STREET ADDRESS 5515 YALE STREET  
CITY-ST-ZIP LAKELAND FL 33809

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HARRELL, FRED  
STREET ADDRESS 1149 LAKE ST  
CITY-ST-ZIP SAN FRANCISCO CA 94118

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME STRAWBRIDGE, THEODORE R  
STREET ADDRESS 219 S.E. 54TH COURT  
CITY-ST-ZIP OCALA FL 34478

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)