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
Apr 24, 1996 08:00 AM
Secretary of State

DOCUMENT # **338499** **(7)**

1. Corporation Name

HARRIS MANUFACTURING, INC.

Principal Place of Business	Mailing Address
112 INDUSTRIAL LOOP ORANGE PARK FL 32073 US	P. O. BOX 2429 ORANGE PARK FL 32067 US

3. Date Incorporated or Qualified: **12/05/1968**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1230577** ☐ 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

PREBLE, LYNDA H
4294 TANGLEWILDE DR
JACKSONVILLE FL 32257

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: Lynda H Preble - Sec.-Treasurer — DATE: 4-22-96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	S/T/D	☑ Change ☐ Addition
NAME	PREBLE, LYNDA H		1.2 NAME		
STREET ADDRESS	4294 TANGLEWILDE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE	P/D	☑ Change ☐ Addition
NAME	WILLIAMS, BRAD		2.2 NAME		
STREET ADDRESS	11136 ENGLISH MOSS LANE		2.3 STREET ADDRESS	1725 Fiddler's Ridge DR.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073	
TITLE	D	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	SMITH FREDERIC M.		3.2 NAME		
STREET ADDRESS	2104 WINTERBORNE WEST		3.3 STREET ADDRESS	2399 COUNTRY CLUB BLVD.	
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, GEORGE		4.2 NAME		
STREET ADDRESS	5588 FOREST DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(k), 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: Lynda H Preble — 4-22-96 — (904) 269-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #