FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 12:30

DOCUMENT # **360801** **(5)**

1. Corporation Name
HARRISON LAND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
24909 ORANGE AVENUE FT. PIERCE FL 33131-1324	24909 ORANGE AVENUE FT. PIERCE FL 33131-1324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/09/1970
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 3391
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Pierce, FL
Zip 24 / County 25	Zip 29 34948 / County 30

4. FEI Number: 59-1369129 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRISON, PETER 24909 ORANGE AVENUE FT. PIERCE, 34945	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 (if other than individual) — NOTE: Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARRISON, PETER	12 NAME	
STREET ADDRESS	24909 ORANGE AVE.	13 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	HARRISON, ELAINE	22 NAME	
STREET ADDRESS	24909 ORANGE AVE.	23 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HARRISON, PATRICK	32 NAME	
STREET ADDRESS	24909 ORANGE AVE.	33 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HARRISON, NAT III	42 NAME	
STREET ADDRESS	24909 ORANGE AVE.	43 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 above, or on an attachment with an address.

SIGNATURE: Peter Harrison (Peter Harrison) 4-7-95 407-4659843
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0382130 CP