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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 FEB 23 PM 3:09

DOCUMENT # **369977** **(4)**

1. Corporation Name
HARRISON INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1664 VINTAGE RIDGE CT TALLAHASSEE FL 32312-2654	1664 VINTAGE RIDGE CT TALLAHASSEE FL 32312-2654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1970**
3a. Date of Last Report: **01/25/1994**

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: **59-1373081** ☐ 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

HARRISON, JAMES M., SR.
1664 VINTAGE RIDGE CT
TALLAHASSEE FL 32312

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: James M. Harrison, Sr. 1/10/95
Signature required for printed name of registered agent and date. Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	HARRISON JR,G H	12 NAME	JAMES M Harrison, Sr.
STREET ADDRESS	125 MILL BRANCH ROAD	13 STREET ADDRESS	1664 Vintage Ridge Ct.
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	Tallahassee, FL 32312
TITLE	D	21 TITLE	☐ Change ☒ Addition
NAME	PFEIL,JEAN H	22 NAME	J.H. HARRISON III
STREET ADDRESS	114 CAMILLIA DRIVE	23 STREET ADDRESS	2385 of Bottom Rd
CITY ST ZIP	QUINCY FL	24 CITY ST ZIP	TALLAHASSEE, FLA. 32312
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HARRISON SR,JAMES M	32 NAME	
STREET ADDRESS	601 WAVERLY RD.	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: James M. Harrison 1/10/95 850-222-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0020041 CP