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

FILED Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4) HARRISON INVESTMENTS, INC. Principal Place of Business Mailing Address 1419 DENHOLM DRIVE 1419 DENHOLM DRIVE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/17/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1373081 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ZiD Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes □ No 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARRISON, JAMES M., SR. 81 Name 1419 DENHOLM DR 82 Street Address (P.O. Box Number is Not Acceptable) Tallahassee FL 32312 83 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE HARRISON, JAMES M NAME 1.2 NAME 1419 DENHOLM DRIVE STREET ADORESS 1.3 STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP 1.4 CITY - ST-ZIP VPD TITLE DELETE 2.1 TITLE Change ___ Addition HARRISON, G. H. III NAME 2.2 NAME 2385 OX BOTTOM RD STREET ADDRESS 2.3 STREET ADDRESS Tallahassee fl CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition HARRISON SR.JAMES M NAME 3.2 NAME 601 WAVERLY RD. STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 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

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 adaptment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

1/5/90