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Jun 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 398339

(2)

1. Corporation Name

HARRISON ELECTRIC SUPPLY, INC

Principal Place of Business

1044 OLD DIXIE CUTOFF RD.
P.O. BOX 1349
STUART FL 34995-8579

Mailing Address

1044 OLD DIXIE CUTOFF RD.
P.O. BOX 1349
STUART FL 34995-1349

3. Date Incorporated or Qualified
03/29/1972

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1044 Old Dixie Cutoff Rd.

Suite, Apt. #, etc.

22

City & State

23 STUART, FL

Zip

24 34994

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
59-1390601

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

DANER, OPHELIA
6325 MARINER SANDS DRIVE
STUART FL 33494

10. Name and Address of New Registered Agent

81 Name

OPHELIA DANER

82 Street Address (P.O. Box Number is Not Acceptable)

6325 MARINER SANDS DRIVE

83

City

STUART

FL

85 Zip Code
34997

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

TITLE ☐ DELETE

NAME DANER, OPHELIA A.
STREET ADDRESS 6325 MARINER SANDS DR
CITY-ST-ZIP STUART, FL 00000

TITLE ☐ DELETE

NAME BATEY, C E
STREET ADDRESS 1115 TERESA ST
CITY-ST-ZIP STUART, FL 00000

TITLE ☐ DELETE

NAME BATEY, LARRY
STREET ADDRESS 3205 SW ARECA DR
CITY-ST-ZIP PALM CITY, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

OPHELIA DANER

11/1/97 1617 383-1881

CR2E034 (9/96)