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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	IAL REPORT		Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUN 1. Corporation	MENT # 55	1227	(2)							
	HARRIS AND ASSO	OCIATES, INC.								
							I I O O DO CONTRO O HARA BUBBA DI GRADA DE CONTRO DE CON	I IAAN ANAN AKAN		
Principal Place	of Business		Mailing Address AVE F. AND 2ND STREET P.O. BOX 107 MCINTOSH FL 32664-0107					1 10 pl 959(  010)	#1011 B1811 B1811	. 919/1 1991
5423 AVE 'F' P.O. BOX 107										
MOINTOSH FL	32664	MOIN					Date Incorporated or Qualified			
US							<ol> <li>Date Incorporated or Qualifice 11/15/1977</li> </ol>	l l		oport
2. Principal Pl	ace of Business	2a. M	2s. Mailing Address				4. FEI Number		/28/1996 	plied For
21		26	·				59-1781399		<u> </u>	t Applicable
Suite, Apt. 4	#, etc.	Si	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27							Fee Re	·
City & State	1	·	City & State				6. Election Campaign Financing Trust Fund Contribution	; []	\$5.00 Added t	
Zip	Country		Zip Country				8. This corporation has liability	for intangible		
24	25 29 30						Florida Statutes Yes 🗌 No			
	9. Name and Addres	s of Current Register	ed Agent				10. Name and Address of New	Registered	Agent	
	ris, r j				81	Name				
	B AVE 'F'					Street A	ddress (P.O. Box Number is Not Acce	otable)		
MCINTOSH FL 32664					63					
							,			
					84 City FL 85				85 Zip (	Dode
11. Pursuant t	o the provisions of Section	ons 607 0502 and 607.	1508, Fjorida Statut	es, the at	30V6	named c	corporation submits this statement for the		f changing its	s registered
agent. I ar	e <b>gister</b> ed agent, or both, n <b>fa</b> miliar with, and accep	in the State of Florida pt the obligations of, S	Such change was ection 607.0505, FI	authorized orida Stat	a by utes	the corpo	corporation submits this statement for the praction's board of directors. I hereby ac	cept the app	ointment as	registered
SIGNATURE .										
12.	Signature, typed as printed name of	of registered ago of mid-liste if ap FICERS AND DIRECTO		F Registered	d Age	et signature ti	addired when reinstating)  ADDITIONS/CHANGES TO OI	DATE FICERS AND	) DIBECTOR	S IN 12
TITLE	P	1100130711071211111011	DELETE	1.1 10	ilf		7,001,101,000,111,110,000	T IOLIG TITE	Change	Addition
NAME	HARRIS, BRENDA F	•	1.2 N							
STREET ADDRESS	AVE F, AND 2ND S	TREET	1.3 \$1			ADDRESS				J
CITY-ST-ZIP	MCINTOSH FL			1.4 CI	1Y - S	1-2IP				
TITLE	VP		DELETE	2.1 11					LJ Change	Addition
NAME	HARRIS, JERRY R AVE. F & 2ND STRE	:CT		22 N/						
STREET ADDRESS	MICINTOSH FL	3 <b>6</b> I				ADDRESS				
CITY-ST-ZIP TITLE	MONTOOTIL		DELFTE	2. 4 Cl		ST-7IP			Change	Addition
NAME				3 2 N/						
STREET ADDRESS				- 1		ADDRESS				ĺ
CITY-ST-ZIP				3 4. C	11Y-8	S1 - 7IP				
TITLE			DELETE	4116					Change	☐ Addition
NAME				4.2 N		4bonso-				
STREET ADDRESS						ADORESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CI 5.1 10		1 - ZIF			Change	Addition
NAME				5.2 NA		1				
STREET ADDRESS				1		AUDRESS				
CITY-ST-ZIP				5.4 CI	1Y-\$	1 ZIP		·		
TITLE			DELETE	6.1 TU					Change	Addition
NAME				6.2 NA						
STREET ADDRESS				6.3 ST	RELI	ADDRESS				

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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:

**FILED** 

Feb 10 1997 8:00am