

11/18/2017 14:00 API Processing 545678 1 NO 195 8 1
Division of Corporations Page 1 of 4
F17000005049

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000295091 3)))



H170002950913ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : API PROCESSING
Account Number : 120110000069
Phone : (954)567-0013
Fax Number : (954)367-3401

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kathy@apiprocessing.com

FOREIGN PROFIT/NONPROFIT CORPORATION

J.T. Harrison Construction Co., Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

S. WARREN
NOV 09 2017

2017 NOV -8 PM 12:53

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17-NOV--8--AM 11:07

FILED

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

J.T. Harrison Construction Co., Inc.

1. _____ (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. _____ (State or country under the law of which it is incorporated)	3. _____ (FEI number, if applicable)
4. _____ (Date of incorporation)	5. _____ (Date of duration, if other than perpetual)
6. _____ (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. _____ (Principal office address) 5870 Charlie Shirley Road, Northport, AL 35402 P.O. Box 21300, Tuscaloosa, AL 35402 (Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: API Processing - Licensing, Inc. Office Address: 3419 Galt Ocean Drive, Suite A Fort Lauderdale, Florida 33308 (City) (Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kathy Pulliam

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
17 NOV -8 AM 11:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**

President: John T. Harrison

Address: 5870 Charlie Shirley Road, Northport, AL 35402

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Wanda S. Hannah

Address: 5870 Charlie Shirley Road, Northport, AL 35402
_____**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. ☒ _____ Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. _____ John T. Harrison, President

(Typed or printed name and capacity of person signing application)

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

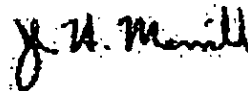
I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that J. T. Harrison Construction Co., Inc. was formed in Tuscaloosa County, Alabama on September 1, 1993. The Alabama Entity Identification number for this entity is 159-289. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/07/2017

Date



John H. Merrill

Secretary of State



20171107000036150