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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

2. Principal Place of Business

% JOHN C. HARRIS 3400 MORRIS ST. ST. PETERSBURG FL 33713



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F74288

(4)

% John C. Harris 3400 Morris St. St. Petersburg Fl 33713-1627

Mailing Address

2a. Mailing Address

JOHN C. HARRIS PAINTING, INC.

Apr U8 19	99 / E	s :00	am
Secreta	ry of	Sta	te

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1 I I I I I I I I I I I I I I I I I I I		H CITH BIOL	14M 1111	THE REAL PROPERTY.

3. Date Incorporated or Qualified

03/31/1982

4. FEI Number

3a. Date of Last Report

Applied For

0378476

01/24/1996

21			26					59-2583191		No	t Applicable
Suite 22	Apt.#, etc		27	Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 A	
City	& State		(City & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added t	o Fees
Zip		Country	1	Zip	Col	untry		8. This corporation has liability for	intangible	tax under s.	199.032,
24		25	29		30			l	Yes [
	9. Name	e end Address of Curre	nt Registe	red Agent				10. Name and Address of New Ro	gistered .	Agent	
	HARRIS, JOHN					B1	Name				}
	8532 KUMQUA	IT AVE				82 Street Address (P.O. Box Number is Not Acceptable)					
	SEMINOLE FL	34647									
				83					j		
						84	City			85 Zip (Code
						"	Oily		FL	2.p	Joue
								ration submits this statement for the			
offi age	ice or register ed a g ent 1 anii fantiliar w	gent, or both, in the Stati vith, and accept the oblig	e of Florida actions of,	a. Such change was Section 607.0505, FI	authorize orida Sta	ia by tutes	the corporation	in's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNA"		•	,								1
SIGNA		d or produce name of registered as	jout and the f	applicable. (NOI	E Repistere	d Age	nt signature required	s when reinstating)	DATE		
12.		OFFICERS AN	ID DIRECT		13.			ADDITIONS/CHANGES TO OFFI	CERS AND		IS IN 12
TITLE	PD			☐ DELETE	1.1 T	TLE	l			☐ Change	☐ Addition
NAME	HARRIS,				1.2 N	AME	1				
STREET AL		MQUAT AVE			1.3 \$	TREET	ADDRESS				}
CITY S1-	zie J SEMINOL	le, fl 00000			1.40	ity-si	T-21P				ļ
THLE	VD			DELETE	2.1 T	ITLE				Change	☐ Addition
NAME		PATRICIA A			2.2 N	AME					
STREET AL		MQUAT AVE			2.3 \$	TREET	ADDRESS				(
City-S1-	719] SEMINOL	.E, FL 00000			2.41	CITY-S	ST-ZIP				
1010.6	\			☐ DELETE	31T	ITLE	· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME					3.2 N	AME	ì				
STREET AL	DORESS				3.3 S	TREET	ADDRESS				}
City-St	ZiP				3.4. 0	UTY-S	T-ZIP				
THEF	1			☐ DELETE	4.1 T	ITLE				☐ Change	☐ Addition
NAME					4 2 1	NAME					ļ
STREET AL	DEFSS				4.3 \$	TREET	ADDRESS				
C/TY - S1 -	ZiP				4.4 0	ITY-51	T-ZIP				
THE				☐ DELETE	5.1 T	ITLE	T			Change	Addition
NAME					5.2 N	AME					Ì
STREEFAC	JORESS				538	TAEET	ADDRESS				ļ
CHY-SI-	200				5.4 C	ITY-S	T-ZIP				,
me				DELETE	6.1 T	ITLE				Change	Addition
NAME	1				6.2 N	AME					
STREET AL	ODRESS				6.3 S	TREET	address				ļ
CITY-SI-						HY-\$					
14. Lde	hereby certify the	at the information supplie	ed with this	filing does not qual	fy for the	exe	mption stated i	n Section 119.07(3)(i), Florida Statute	s. 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 tegal 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											