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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F74288**

1. Corporation Name  
**JOHN C. HARRIS PAINTING, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>% JOHN C. HARRIS<br>3400 MORRIS ST.<br>ST. PETERSBURG FL 33713 | Mailing Address<br>% JOHN C. HARRIS<br>3400 MORRIS ST.<br>ST. PETERSBURG FL 33713 |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |                         |   |                                       |   |
|--------------------------------|-------------------------|---|---------------------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>03/31/1982</b>  | 4. FEI Number<br><b>59-2583191</b>    | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |   |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |   |
| 23. Zip                        | 28. Zip                 | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |   |
| 24. Country                    | 29. Country             |   |                                       |   |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>HARRIS, JOHN C.<br/>8532 KUMQUAT AVE<br/>SEMINOLE FL 34647</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>John C. Harris</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>806 Cordova Greens</b><br>83<br>84 City <b>Largo</b> FL 85 Zip Code <b>33777</b> |
|--|--|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HARRIS, JOHN C<br>8532 KUMQUAT AVE<br>SEMINOLE, FL 00000 <input type="checkbox"/> DELETE     | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | PD<br>HARRIS, JOHN C<br>806 Cordova Greens<br>Largo, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HARRIS, PATRICIA A<br>8532 KUMQUAT AVE<br>SEMINOLE, FL 00000 <input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | VD<br>HARRIS, Patricia A<br>806 Cordova Greens<br>Largo, FL - 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: John C. Harris **John C. Harris** 2/17/99 727-522-6356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)