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FILED  
Apr 11 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 # F96000003026 (9)

1. Corporation Name

HARRIS INNOVATIVE TECHNOLOGIES, INC.

Principal Place of Business

P.O. BOX 10506  
PENSACOLA FL 32524-0506

Mailing Address

P.O. BOX 10506  
PENSACOLA FL 32524-0506



2. Principal Place of Business

21 ~~1010 E. Olive Rd.~~  
Suite, Apt. #, etc.

22 ~~HARRIS~~

City & State

23 ~~PENSACOLA, FL~~

Zip

24 ~~32514~~

Country

25 ~~USA~~

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/14/1996

3a. Date of Last Report

4. FEI Number

54-1804819

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

HARRIS, BENJAMIN  
1040 E. OLIVE RD. #314  
PENSACOLA FL 32514

Address  
change →

10. Name and Address of New Registered Agent

81 Name Benjamin Harris  
82 Street Address P.O. Box Number is Not Acceptable  
410 Greve Rd.

83

84

City Pensacola,

FL

85 Zip Code 32507

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 fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CP	HARRIS, STEVEN D	1040 E. OLIVE RD. #314	PENSACOLA FL 32514-0506	<input type="checkbox"/>
CVST	HARRIS, BENJAMIN	1040 E. OLIVE RD. #314	PENSACOLA FL 32514-0506	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
CP	HARRIS, Steven D.	215 W. Sunset Ave	Pensacola, FL 32507	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CVST	HARRIS, Benjamin F.	410 Greve Rd.	Pensacola, FL 32507	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Benjamin Harris  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-Jan, 97 (904) 857-6766  
Date Daytime Phone #

CR2E034 (9/96)