

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005119 (0)**

1. Corporation Name

HARRISON CONCEPTS, INC.

Principal Place of Business

**1595 WEYBRIDGE CIRCLE
NAPLES FL 34110**

Mailing Address

**1595 WEYBRIDGE CIRCLE
NAPLES FL 34110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

4. FEI Number

31-1360904

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 751 Glendale Ave

Suite, Apt. #, etc.

22

City & State

23 NAPLES FL

Zip

24 34110

Country

25 COLLIER

2a. Mailing Address

26 751 Glendale Ave

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL

Zip

29 34110

Country

30 COLLIER

9. Name and Address of Current Registered Agent

**HARRISON, APRIL S
1595 WEYBRIDGE CIRCLE
NAPLES FL 34110**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

751 Glendale Ave

83

84 City

NAPLES

FL

85 Zip Code

34110

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HARRISON, APRIL S**
STREET ADDRESS **1595 WEYBRIDGE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VT** ☐ DELETE

NAME **HARRISON, TIMOTHY J**
STREET ADDRESS **1595 WEYBRIDGE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME **HARRISON APRIL S**
1.3 STREET ADDRESS **751 Glendale Ave**
1.4 CITY-ST-ZIP **NAPLES FL 34110**

VT ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME **HARRISON TIMOTHY J**
2.3 STREET ADDRESS **751 Glendale Ave**
2.4 CITY-ST-ZIP **NAPLES, FL 34110**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

April S. Harrison

3/30/98

CR2E034 (10/97)