

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G47998** (1)

1. Corporation Name

J. HARRIS CONSTRUCTION, INC.



Principal Place of Business

**4990 NW FAWN ST
PORT ST. LUCIE FL 34983
US**

Mailing Address

**4990 NW FAWN ST
PORT ST. LUCIE FL 34983
US**

3. Date Incorporated or Qualified
07/08/1983

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

21 **9203 N.W. 38 Dr.**

2a. Mailing Address

26 **9203 N.W. 38 Dr.**

4. FEI Number
65-0103708

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **Apt. #12**

Suite, Apt. #, etc.

27 **Apt. #12**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 **Coral Springs FL**

City & State

28 **Coral Springs FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 **33065**

Country

25 **USA**

Zip

29 **33065**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COEN, KATINA
1801 NW 115TH TERR.
PLANTATION FL 33323**

81 Name

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

83

84 City

FL

85 Zip Code

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

Katrina Coen
Signature, typed or printed name of registered agent and the filer, if applicable

(Filer's Signature) Agent Signature required if not the filer

1/22/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COEN, KATINA
1801 NW 115TH TERR.
PLANTATION FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS, JAMES
4990 NW FAWN ST.
PORT ST. LUCIE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRIS ANNE
4990 NW FAWN ST.
PORT ST. LUCIE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

**D Harris James
9203 N.W. 38 Dr. #12
Coral Springs, FL 33065** ☒ Change ☐ Addition

**D Harris Anne
9203 N.W. 38 Dr. #12
Coral Springs, FL 33065** ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Katrina Coen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 954-424-8613
Date Daytime Phone #

CR2E034 (12/95)