

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

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Apr 16 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 # **G60552** (8)
1. Corporation Name
HARRELL AND ASSOCIATES INSURANCE AGENCY INC.



Principal Place of Business
**1312 PLANTATION OAKS DR S
JACKSONVILLE BEACH FL 32250**

Mailing Address
**1312 PLANTATION OAKS DR S
JACKSONVILLE BEACH FL 32250-2686**

3. Date incorporated or Qualified
09/21/1983

3a. Date of Last Report
02/15/1996

2. Principal Place of Business
21 **1043 SEABREEZE AVE**
Suite, Apt. #, etc.
22 **J**
City & State
23 **Jacksonville Beach, FL**
Zip Country
24 **32250** 25 **USA**

2a. Mailing Address
26 **1043 SEABREEZE AVE**
Suite, Apt. #, etc.
27 **J**
City & State
28 **Jacksonville Beach, FL**
Zip Country
29 **32250** 30 **USA**

4. FEI Number
59-2329691

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

10. Name and Address of New Registered Agent

HARRELL, T. CARL
1012 PLANTATION DRIVE S **1043 SEABREEZE AVE.**
JACKSONVILLE BEACH FL 32250 **Jacksonville Beach, FL 32250**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
ADDRESS **HARRELL, T. CARL**
ZIP **1012 PLANTATION OAKS DR 1043 SEABREEZE AVE.**
JACKSONVILLE BCH FL

TITLE ☐ DELETE
NAME **VP**
ADDRESS **HARRELL, JOAN R.**
ZIP **1312 PLANTATION OAKS DR 1043 SEABREEZE AVE.**
JACKSONVILLE BCH FL

TITLE ☐ DELETE
NAME **T**
ADDRESS **HARRELL, RANDALL D.**
ZIP **1012 PLANTATION OAKS DR 1043 SEABREEZE AVE.**
JACKSONVILLE BCH FL

TITLE ☐ DELETE
NAME **S**
ADDRESS **HARRELL, LISA L.**
ZIP **1012 PLANTATION OAKS DR 1043 SEABREEZE AVE.**
JACKSONVILLE BCH FL

TITLE ☐ DELETE
NAME
ADDRESS
ZIP

TITLE ☐ DELETE
NAME
ADDRESS
ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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: **T. Carl Harrell** **4/16/97** **904-241-3263**

CR2E034 (9/96)