

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H20571

(6)

1. Corporation Name

HENRY A. HARRIS, INC.

Principal Place of Business

1447 REDBUD LN
JACKSONVILLE FL 32207
US

Mailing Address

1447 REDBUD LN
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1984

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

58-2443711

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. 190.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HARRIS, HENRY A.
1735 EMERSON STREET
SUITE 3
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

HENRY A. HARRIS

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

1447 REDBUD LN.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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

Henry A. Harris
Signature of the current registered agent and the applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

4/27/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, HENRY A.
STREET ADDRESS	1735 EMERSON ST., #2
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VST
NAME	HARRIS, HENRY A.
STREET ADDRESS	1735 EMERSON ST., #2
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1447 REDBUD LN.
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1447 REDBUD LN.
2.4 CITY - ST - ZIP	JACKSONVILLE, FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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:

Henry A. Harris
Signature and typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 904-396-7580