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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

SIGNATURE: _

H33452

(4)

HARRISS POOLS INC. Principal Place of Business 174 SEMORAN COMMERCE PL. SUITE 115 APOPKA FL 32703 Mailing Address 174 SEMORAN COMMERCE PL. SUITE 115 APOPKA FL 32703									
						3. Date Incorporated or Qualified 01/01/1985	3a . D	ate of Last	•
2. Principal Pla	ice of Business	2a. Mailing Addr	ress			4. FEI Number	- · · J	04/28/	Applied For
21	· · · · · · · · · · · · · · · · · · ·	26				59-2461183		<u> </u>	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #	f, etc.			5. Certificate of Status Desired		\$8.7	75 Additional
City & State		City & State					 		e Required
23		28				Election Campaign Financing Trust Fund Contribution		\$5.	00 May Be
Zip	Country	Zip	(ountry		8. This corporation has liability for	intangible		ded to Fees
24	25	29	30			Florida Statutes 🔲 Yes	s 🔲 No		0 100.002,
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New I	Registere	d Agent	
PADDIO	e noncot in			81	Name				
	s, robert Jr. Ekiva meadows Ct			82	Street Add	ress (P.O. Box Number is Not Acceptat	ble)	-	
	\ FL 32712			83				·	
, , , , , ,									
				84	City		F	85	Ziρ Code
familiar with	n, and accept the obligations of	Section 607.0505 Florida :	authorized by th	e corpo	pration's boar	ration submits this statement for the purific of directors. I hereby accept the app	ointment a	as registere	ed agent. I am
SIGNATURE	Ignature, typed or printed name of registered	agent and title if applicable.	NOTE: Repete	red Agent	l sgnátore require	d was restained. ADDITIONIS/CHANGES TO SEE	DATE	is superior	000 111 40
SIGNATURE	Ignature, typed or printed name of registered		(NOTE: Repete	red Agent	I signatore required	ADDITIONS/CHANGES TO OFF			
SIGNATURE S	Ignature, typed or printed name of registered OFFICERS PVD HARRISS, ROBERT	agent and MF P at plicable. AND DIRECTORS DELE	INCITE Reporte	red Agent	I sgnature require			ND DIRECT	
SIGNATURE S 12. TITLE NAME	OFFICERS PVD HARRISS, ROBERT 2714 WEKIVA MEADOWS	agent and MF P at plicable. AND DIRECTORS DELE	(NOTE: Registe 1); ETE 1.	eed Agent 3. 1 TrTLE					
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96 (407)886-6900