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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 12:32

DOCUMENT # H62468 (4)

1. Corporation Name

HARRISON COCOA, INC.

Principal Place of Business	Mailing Address
% CORPORATION COMPANY OF MIAMI 24909 ORANGE AVENUE FT. PIERCE FL 33131	% CORPORATION COMPANY OF MIAMI 24909 ORANGE AVENUE FT. PIERCE FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1985
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 8815 Angle Rd.	26 8815 Angle Rd.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State Ft. Pierce, FL.	28 City & State Ft. Pierce, FL.
24 Zip 34947 / 25 Country	29 Zip 34947 / 30 Country

4. FEI Number: 59-2590582 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRISON, PETER 24909 ORANGE AVENUE FT. PIERCE, 34945	81 Name: Peter Harrison 82 Street Address (P.O. Box Number is Not Acceptable): 8815 Angle Rd. 83 84 City: Ft. Pierce FL 85 Zip Code 34947

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: Peter Harrison - (Peter Harrison) Registered Agent DATE: 4-10-9

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO IN 12	
TITLE	VTS	1 1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, ELAINE A.	1 2 NAME	
STREET ADDRESS	24909 ORANGE AVE.	1 3 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	1 4 CITY ST ZIP	
TITLE	DP	2 1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, PETER	2 2 NAME	
STREET ADDRESS	24909 ORANGE AVE.	2 3 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	2 4 CITY ST ZIP	
TITLE	VD	3 1 TITLE	☒ Change ☐ Addition
NAME	HARRISON, MARK	3 2 NAME	Mark Harrison
STREET ADDRESS	24909 ORANGE AVE.	3 3 STREET ADDRESS	RESIGNED - Please Dele
CITY ST ZIP	FT. PIERCE FL	3 4 CITY ST ZIP	
TITLE	VD	4 1 TITLE	☒ Change ☐ Addition
NAME	HARRISON,PATRICK	4 2 NAME	Patrick Harrison
STREET ADDRESS	24909 ORANGE AVE.	4 3 STREET ADDRESS	Resigned - Please Dele
CITY ST ZIP	FT. PIERCE FL	4 4 CITY ST ZIP	
TITLE	VD	5 1 TITLE	☒ Change ☐ Addition
NAME	HARRISON, NAT III	5 2 NAME	Nat Harrison, III
STREET ADDRESS	24909 ORANGE AVE.	5 3 STREET ADDRESS	RESIGNED - Please Dele
CITY ST ZIP	FT. PIERCE FL	5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(k), Florida S. 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Harrison (Peter Harrison) President - 4/7/95 407-19843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CP