FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H93287 (1)

1. Corporation Name
JOHN C. HARRISON, P.A.

Principal Place of Business
12 OLD FERRY ROAD
P.O. BOX 876
SHALIMAR FL 32579

Mailing Address
12 OLD FERRY ROAD
P.O. BOX 876
SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1986
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2610104 — 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. The corporation has liability for intangible tax under s. 199.052 Florida Statutes: X Yes [ ] No

2. Principal Place of Business — 21, 22, 23, 24, 25
2a. Mailing Address — 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HARRISON, JOHN C.
12 OLD FERRY ROAD
SHALIMAR FL 32579

10. Name and Address of New Registered Agent
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 607.1508 or 617.1508, 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 the position.

Signature: John C. Harrison — 5/1/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARRISON, JOHN C.
STREET ADDRESS	28 CARL BRANDT DR
CITY-ST-ZIP	SHALIMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

14. I 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 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: John C. Harrison — 5/1/95 — (904) 651-0354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0302000 CP