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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J01816

(4)

E.C. HARRISON & COMPANY, INC.

Mailing Address

FILED Jan 14 1997 8:00am Secretary of State



1417 DENHOLM DR. TALLAHASSEE FL 32312		1417 DENHOLM DR. Tallahassee FL 32312-2910				
					3. Date incorporated or Qualified 03/03/1986	3a. Date of Last Report 03/25/1996
2. Principa Piace of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-264 1856	Not Applicable	
Suite, Apt. # eld.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat 23	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	1	8. This corporation has liability for i	
24	25	29	30		(10) Ed Blatele] Yes
	9. Name and Address of Cur	rent Registered Agent	81	News	10. Name and Address of New Re	gistered Agent
	RRISON, EMMETT C		81	Name		
1417 DENHOLM DRIVE Tallahassee FL 32312				82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City		FL 85 Zip Code
11. Pursuant office or t	to the provisions of Sections 607.0	0502 and 607.1508, Florida State of Florida State	ites, the above	e-named cor	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
agent. La	am familiar with, and accopt the of	Higations of Section 607.0505, F	lorida Statute	S.	,	
SIGNATURE	earth to the second of the			·		DATE
12.	Signature typed or protest range of registers. OLETOERS	AND DiRECTORS	13.	ent signarure requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
1:TLE	PST	DELETE	1.1 TOLE		7,5511010000100010001100	Change Addition
NAME	HARRISON, EMMETT C.		1.2 NAME			·
STREET ADDRESS	1417 DENHOLM DRIVE		1.3 STREE	ADDRESS		
CITY-ST-ZIF	TALLAHASSEE FL 32312		1.4 CITY -:	ST - ZIP		
TITLE	0	☐ DELETE	21 TITLE			Change Addition
NAME	HARRISON, EMMETT C JR	•	2.2 NAMIÉ			
STREET ADDRESS	2104 RIDGETOP DRIVE			ADDRESS	• • •	
CHY-ST-ZIF TITLE	TALLAHASSEE FL 32312 D	DELETE	2 4 CITY - 3 1 TITLE	ST-ZIP		Change Addition
NAME	HARRISON, THOMAS H.		32 NAME	- 1		•
STREET ADORESS				F ADDRESS	1417 DENHALM DI	A
CHY-S1-ZIP	TALLAHASSEE FL 32303	•	3 4. CITY -	ST - 7IP	3.1. ACM MATA 01	1311-
TITLE	D	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	HARRISON, BILLIE		4. 2 NAME			
STREET ADORESS	1417 DENHOLM DRIVE		4.3 STREE	F AODRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32312		4.4 CITY	ST - ZIP		
TITLE		[_] DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI:			
STREET ADDRESS				1 ADDRESS		
CHY-ST ZIP	, ,	DELETE	5.4 CITY -:	ST · ZIP		Change Addition
HILE		☐ DELETE	6.1 TITLE	-		Change Addition
NAVE			6.2 NAME			
STREET ADDRESS				I ADDRESS		
C-TY - ST - ZIP			6 4 CH1Y -	SI~ZIP		

14. To hereby certify that the information supplied with this figing 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 efficer 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: