Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90114 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT # J01816				
	RRISON & COMPANY, INC.				
2.0. (17)					
Principal Plac	e of Business	Mailing Address			
1417 DENHOLI		1417 DENHOLM DR.			
TALLAHASSEE	FL 32312	TALLAHASSEE FL 32312		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
		0.14.77		03/03/1986 4. FEI Number	
	lace of Business	2a. Mailing Address		59-2641856	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	\$8.75. Additional
22	·	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zin	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29 3	30	This corporation owes the current year Personal Property Tax.	r intangible ☐ Yes ☐ No
24	9. Name and Address of Current	<u> </u>		10. Name and Address of New Registe	
			81 Name		
	RRISON, EMMETT C		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	7 DENHOLM DRIVE			dates (1.6. Dox turns to the receptor)	
IALI	LAHASSEE FL 32312		83		
			84 City		85 Zip Code
44 Diversions	to the annulations of Continue CO7 DEOC	and 507 1509 Florida Statutor	the above pared a	orporation submits this statement for the purpos	e of changing its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut	thorized by the corpor	ration's board of directors. I hereby accept the a	ppointment as registered
	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE F	Registered Agent signature req	quired when reinstating) DATE	E
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PST	☐ DELETE	1.1 TITLE	PTD	Change
NAME	HARRISON, EMMETT C.		1.2 NAME		
STREET ADDRESS	1417 DENHOLM DRIVE		1.3 STREET ADDRÉSS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL 32312	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	SEGRETARY-MET S	[□Change
NAME	HARRISON, EMMETT C JR.		2.2 NAME	Depute IAKI 3	2 , _
STREET ADDRESS	2104 RIDGETOP DRIVE		23 STREET ADDRESS	e de la companya de la companya	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, THOMAS H.		3.2 NAME		
STREET ADDRESS	· =		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312_	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	D Harrison, Billie	☐ DECEIL	4.1 TITLÉ 4. 2 NAME		C) Change
STREET ADDRESS	1417 DENHOLM DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		4.4 CITY-ST-ZIP		•
TITLE	7722 0710022 1 2 020 12	☐ DELETE	5.1 TITLE	1	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS					
CITY-ST-ZIP			5 3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE		☐ OELETÉ	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
		☐ DELETE	5.4 CITY-ST-ZIP	ş:	☐ Change ☐ Addition

CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

JAN - 8 1999 & 20 285-3056