


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90114 040 \*\*\*150.00


0054437

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J01816 1. Corporation Name E.C. HARRISON & COMPANY, INC.					
Principal Place of Business 1417 DENHOLM DR. TALLAHASSEE FL 32312			Mailing Address 1417 DENHOLM DR. TALLAHASSEE FL 32312		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1986	
21		26		4. FEI Number 59-2641856	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24		25		29	30
9. Name and Address of Current Registered Agent HARRISON, EMMETT C 1417 DENHOLM DRIVE TALLAHASSEE FL 32312			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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PST	<input type="checkbox"/> DELETE			
NAME	HARRISON, EMMETT C.				
STREET ADDRESS	1417 DENHOLM DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL 32312				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARRISON, EMMETT C JR.				
STREET ADDRESS	2104 RIDGETOP DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL 32312				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARRISON, THOMAS H.				
STREET ADDRESS	1417 DENHOLM DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL 32312				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARRISON, BILLIE				
STREET ADDRESS	1417 DENHOLM DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL 32312				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	SECRETARY - <del>MR</del> S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN - 8 1999

Date

Daytime Phone#

250/385-3056

CR2E034 (11/98)