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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 TOCUMENT # J76910

Corporation Name

L.A. HARRIS CARPENTRY, INC.

## FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90117 049 \*\*\*150.00



						- I (BAIR)O BIRL BERN ORING BERN DIRAK DIRAK DI	AL ATON BIO	AN WARD I	NIBIL CERL	
Principal Place of Business Mailing Address										
W MARY F. HARRIS										
13949 61 ST NORTH		13949 61 ST NORTH	13949 61 ST NORTH ROYAL PALM BCH FL 33412			DO NOT WRITE IN THIS SPACE				
ROYAL PALM BO	CH FL 33412	HUTAL PALM DOR FL 3	<b>741</b> 2			3. Date Incorporated or Qualifed				
						06/08/1987			<del></del>	
		2a. Mailing Address				4. FEI Number		Applie		
2. Principal Pla	ace of Business	<del></del>	<del></del>			59-2808950	Not Applicable \$8.75 Additional			
21		Suite, Apt. #, etc.				5. Certifcate of Status Desired				
Suite, Apt. #	‡, etc.	<del></del>				5. Certificate of Status Desired		Requi		
22		City & State	City & State			6. Election Campaign Financing \$5.00 May Be Added to Fees				
City & State		<b>⊢</b> ¬	28			Trust Fund Contribution		ed to h	ees	
23	Country	Zip	Cou	ntry		8. This corporation owes the current year Int	angible	r	]No	
Zip		29	30			Personal Property Tax.	Yes	— <del></del> -		
24	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		<del></del>	
	9. Name and Address of Carr			81	Name		_			
HAR	RIS, MARY F.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			`	
	9 61 ST NORTH		82							
POY.	AL PALM BCH FL 33412			83						
11011				1	014		85	Zip Co	de	
				84	City	FL FL	<u>-                                    </u>			
	607.0	502 and 607 1508 Florida St	atutes, the a	bove	e-named corp	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	ichangin intment a	ig its re as regi:	gisterea stered	
11. Pursuant	to the provisions of Sections 607.0	te of Florida. Such change wa	s authorize	d by t	the corporation				!	
agent. I a	im familiar with, and accept the com	94.12.12	_	lules.	m	on F. Harris 1-27	'. 99			
SIGNATURE	Major to the	r. < -1/1/ce-1	1000 E		# 7 JUNE 71.				0.01.40	
	Signature, typed or printed name of fegistered a	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12	
12.		DELETE		TITLE		<del></del>	☐ Cha	ange	Addition	
TITLE	D	_		IAME					•	
NAME	HARRIS, L. A.		135	STREET	T ADDRESS					
STREET ADDRESS	13949 61 ST NORTH			CITY-S						
CITY-ST-ZIP	ROYAL PALM BCH FL	☐ DELET		TITLE			Cha	ange	☐ Addition	
TITLE	D			NAME						
NAME	HARRIS, MARY F.				T ADDRESS					
STREET ADDRESS	s 13949 61 ST NORTH									
CITY-ST-ZIP	ROYAL PALM BCH FL			2.4 CITY-ST-ZIP			☐ Ch	ange	Addition	
TITLE	_	DELET				<b></b>		-		
NAME				NAME	T ADDDESS	•				
STREET ADDRES	s				T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP			nange	☐ Addition	
TITLE	T	☐ DELET								
NAME				NAME	1					
STREET ADDRES	ss				ET ADDRESS					
CITY-ST-ZIP					ST-ZIP		C	hange	Addition	
TITLE		☐ DELE		TITLE	1					
NAME										
STREET ADDRES	ss				ET ADDRESS					
CITY-ST-ZIP					ST-ZIP		c	hange	☐ Additio	
TITLE		☐ DELE	'-	TITLE		,	_			
NAME				2 NAME						
1	20		1		ET ADDRESS					
STREET ADDRE	33		. a.	4 CITY-	-ST-7/P					

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.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27.99

561-190-4872 Daytime Phone #