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 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K74407** **(3)**

1. Corporation Name

HARRIS AND HARRIS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6201 ROOSEVELT BLVD JACKSONVILLE FL 32230 US	P O BOX 31311 JACKSONVILLE FL 32230 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/22/1989	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 202 CV	26 202 CV
Suite, Apt. #, etc. 22 4600 AlA South	Suite, Apt. #, etc. 27 4600 AlA South
City & State 23 St. Augustine, Fl	City & State 28 St. Augustine, Fl
Zip / Country 24 32084 / 25 USA	Zip / Country 29 32084 / 30 USA

4. FEI Number: [redacted] 59-2385844 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRIS, DAVID M 6201 ROOSEVELT BLVD JACKSONVILLE FL 32230	81 Name: Dorothy M. Harris 82 Street Address (P.O. Box Number is Not Acceptable): 202 CV 83: 4600 AlA South 84 City: St. Augustine FL 85 Zip Code: 32084

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: Dorothy M. Harris - President — Dorothy M. Harris — 04/26/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	[redacted] Secy-Tres	☒ Change ☐ Addition
NAME	HARRIS, DAVID M	1.2 NAME	David M. Harris	
STREET ADDRESS	6201 ROOSEVELT BLVD	1.3 STREET ADDRESS	202 CV-4600 AlA South	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	St. Augustine, Fl 32084	
TITLE		2.1 TITLE	[redacted]	☐ Change ☒ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	President	☐ Change ☒ Addition
NAME		3.2 NAME	Dorothy M. Harris	
STREET ADDRESS		3.3 STREET ADDRESS	202 CV-4600 AlA South	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Augustine, Fl 32084	
TITLE		4.1 TITLE	Director	☒ Change ☐ Addition
NAME		4.2 NAME	Dorothy M. Harris	
STREET ADDRESS		4.3 STREET ADDRESS	202 CV-4600 AlA South	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Augustine, Fl 32084	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dorothy M. Harris — 4/26/95 — (904) 471-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0447044 FH