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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

1. Corporation Name K74407

(3)

HARRIS AND HARRIS ASSOCIATES, INC.

Principal Place of Business	Mailing Address		
202 CV 4800 A1A SOUTH ST. AUGUSTINE FL 32084	202 CV 4600 A1A SOUTH ST. AUGUSTINE FL 32084		
US	US	3	
2. Principal Place of Business	2a. Mailing Address		
n	26		

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business 202 CV 4800 A1A SOUTH ST. AUGUSTINE FL 32084 US		Mailing Address 202 CV 4600 A1A SOUTH ST. AUGUSTINE FL 32084		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1989					
		US							
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Αŗ	pplied For	1
21		26			59-2385844		No	ot Applicable	7
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	_
Zip	Country	Zip	Cou	intry	8. This corporation owes or has p				1
24	25	29	30	,	Personal Property Tax due Juni		<i>-</i>] No	
	9. Name and Address of Current		1 1		10. Name and Address of New R		ent		7
202 460	RRIS, DOROTHY M 2 CV 00 A1A SOUTH . AUGUSTINE FL 32084			81 Name 82 Street Addr 202 83 4600 84 City 0	M HARA Traces (P.O. Box Number is Not Accepte O ARIBE VISTA O AIA SOUTH	? 15 ible)	85 7 p	Code	
11. Pursuant office or r agent I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate the obligation of the state of the section of the state of the section of the section of the sec	of Florida. Such change was a tions of Section 607,0595 Fix	authorize o ride Sta	bove-named corp d by the corporal west	poration submits this statement for the tion's board of directors. I hereby acce	nurnoco of o	ntment as	registered	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOF	RS IN 12	10/0
TITLE	C	☐ DELETE	1.1 1	TLE		L	Change	Addition	9
NAME	HARRIS, DAVID M		1.2 N	AME .					됞
STREET ADDRESS	202 CV - 4600 A1A SOUTH		135	REET ADDRESS					R2F034
CITY-ST-ZIP	ST AUGUSTINE FL 32084		1.4 C	TY-ST-ZIP					၂ည
TITLE	P	DELETE	2.1 TI	TLF			Change	Addition	ျင
NAME	HARRIS, DOROTHY M		2.2 N	AME .					ļ
STREET ADDRESS	202 CV-4600 A1A SOUTH		2.3 S	REET ADDRESS					Ì
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2.40	(TY-ST-ZIP					
TITLE	D	DELETE	3.110	ILF			Change	Addition]
NAME	HARRIS, DOROTHY A		3.2 N	AME .					
STREET ADDRESS	202 CV - 4600 A1A SOUTH		3.3 S	REET ADDRESS					
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		3.4. 0	ITY-ST-ZIP					
TITLE		☐ DELETE	4.1 11	TLE			Change	Addition	
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	REET ADDRESS					
CITY-ST-ZIP			4.4 C	TY-ST-ZIP					ı
TITLE		DELETE	5.1 TI				Change	Addition-	
NAME			5.2 N	IME					
STREET ADDRESS				REET ADDRESS					ŝ
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		DELETE	61 TI				Change	☐ Au	
NAME			6.2 N				•	_	
STREET ADDRESS				REET ADDRESS					

CITY-ST-ZIP 14. Thereby 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 inform 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 eath; that I am 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 it Block 12 or Block 13 if changed, or on an attachment with an address.

IONATURE, Day, I M.

1-0-06 and Only-24