

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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90005 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K74407

1. Corporation Name

HARRIS AND HARRIS ASSOCIATES, INC.

Principal Place of Business

202 CV  
4600 A1A SOUTH  
ST. AUGUSTINE FL 32084  
US

Mailing Address

202 CV  
4600 A1A SOUTH  
ST. AUGUSTINE FL 32084  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1989

4. FEI Number

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 536 Peninsula Ct.

Suite, Apt. #, etc.

2a. Mailing Address

26 536 Peninsula Ct.

Suite, Apt. #, etc.

22

City & State

23 St. Augustine, FL

Zip

Country

24 32084

25

St. John

City & State

28 St. Augustine, FL

Zip

Country

29 32084

30

St. John

9. Name and Address of Current Registered Agent

HARRIS, DAVID M  
202 CARIBE VISTA  
4600 A1A SOUTH  
ST. AUGUSTINE FL 32084

81 Name  
HARRIS, David M.

82 Street Address (P.O. Box Number is Not Acceptable)  
536 PENINSULA Ct.

83 ST. AUGUSTINE

84 City

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 607.0509, Florida Statutes.

SIGNATURE David M. HARRIS

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE  
NAME HARRIS, DAVID M  
STREET ADDRESS 202 CV - 4600 A1A SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
HARRIS, DAVID M.  
536 PENINSULA COURT  
ST. AUGUSTINE, FL 32084

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE: David M. HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-12-99

Daytime Phone #

904-540-1709

CR2E034 (11/98)