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95 APR 14 PM 1:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995			FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # K98932		(2)	
1. Corporation Name HARRIS SPREADER SERVICE, INC.			

Principal Place of Business 102 ASHLEY DRIVE PALATKA FL 32177	Mailing Address 102 ASHLEY DRIVE PALATKA FL 32177
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/28/1989	3a. Date of Last Report 01/20/1994
4. FEI Number 59-2057388	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent PICKENS, JOE H. 113 N. 4TH STREET PALATKA FL 32077	
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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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HARRIS, MICHAEL
STREET ADDRESS	EAST END RD, POB 250
CITY - ST - ZIP	SAN MATEO FL
TITLE	VD
NAME	HARRIS, ANGELA W.
STREET ADDRESS	EAST END RD, POB 250
CITY - ST - ZIP	SAN MATEO FL
TITLE	STD
NAME	HARRIS, RETA G.
STREET ADDRESS	102 ASHLEY DRIVE
CITY - ST - ZIP	PALATKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☐ Change ☐ Addition
1.2 NAME	Harris, Michael
1.3 STREET ADDRESS	East End Rd., P.O. Box 250
1.4 CITY - ST - ZIP	San Mateo, FL 32187 ☒ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	STD ☐ Change ☐ Addition
3.2 NAME	Harris, Reta G.
3.3 STREET ADDRESS	102 Ashley Dr.
3.4 CITY - ST - ZIP	Palatka, FL 32177 ☐ Change ☐ Addition
4.1 TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael G. Harris Michael G. Harris 4-10-95 904-328-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)