

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08970

(0)

1. Corporation Name

HARRISON BENNETT PROPERTIES, INC.



Principal Place of Business

14502 N DALE MABRY HWY
STE 200
TAMPA FL 33618
US

Mailing Address

14502 N DALE MABRY
STE 200
TAMPA FL 33618
US

3. Date Incorporated or Qualified
08/15/1989

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2971329

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

FREEMAN, DAVID H
14502 N DALE MABRY, STE 200
TAMPA FL 33618

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

Signature of Agent (Print Name and Title)

Signature of Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

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1. TITLE

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1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP ☐ Change ☐ Addition

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP ☐ Change ☐ Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP ☐ Change ☐ Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP ☐ Change ☐ Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP ☐ Change ☐ Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP ☐ Change ☐ Addition

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP ☐ Change ☐ Addition

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY, ST, ZIP ☐ Change ☐ Addition

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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added in attachment with an address.

SIGNATURE

David H. Freeman President

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96

(813)960-3663

DATE

DATE OF PHONE

CR2E034 (12/95)