

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

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 30 AM 8:56

DOCUMENT # **P93000015758 (4)**

1. Corporation Name  
**HARRIS CONSULTING, INC.**

Principal Place of Business Mailing Address  
**3005 SUNSET DRIVE BELLEAIR BLUFFS FL 34640** **3005 SUNSET DRIVE BELLEAIR BLUFFS FL 34640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1993** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **59-3170185** 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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 24. Country 28. Zip 29. Country  
25. Country 30. Country

9. Name and Address of Current Registered Agent  
**HARRIS, KATHLEEN S  
3005 SUNSET DRIVE  
BELLEAIR BLUFFS FL 34640**

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

Signature of the current registered agent and title designation (2025) Registered Agent (signature required when registering) NAME

12. OFFICERS AND DIRECTORS  
TITLE **D**  
NAME **HARRIS, KATHLEEN S**  
STREET ADDRESS **3005 SUNSET DRIVE**  
CITY ST ZIP **BELLEAIR BLUFFS FL 34640**  
TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TITLE  
NAME  
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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  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST ZIP  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (1) (2) (3) (4) 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 as an attachment with an address.

SIGNATURE: *Kathleen S. Harris* PRES, **KATHLEEN S. HARRIS** 3/23/95 813-581-8683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date