

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000048733 (8)**

1. Corporation Name
R.L. HARRELL, INC.

Principal Place of Business

**2012-G NORTH POINT BLVD.
2623 NORTH MONROE STREET
TALLAHASSEE FL 32308
US**

Mailing Address

**P.O. BOX 14824
TALLAHASSEE FL 32317-4824
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1993

4. FEI Number

59-3191097

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2555 NORTH MONROE STREET

Suite, Apt. #, etc.

22 SUITE 5

City & State

23 TALLAHASSEE, FL

Zip

24 32303

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HARRELL, RICHARD L
2000 NORTH MERIDIAN ROAD, APT. 308
2623 NORTH MONROE STREET
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name

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

4624 RAMSGATE DRIVE

83

84 City

TALLAHASSEE, FL

85 Zip Code

32308

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
PTD
HARRELL, RICHARD L
STREET ADDRESS
2000 NORTH MERIDIAN ROAD, APT. 308
CITY-ST-ZIP
TALLAHASSEE FL**

TITLE ☐ DELETE

**NAME
S
HARRELL, DEBORAH D
STREET ADDRESS
2000 NORTH MERIDIAN ROAD, APT 308
CITY-ST-ZIP
TALLAHASSEE FL**

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

☒ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
4624 RAMSGATE DRIVE
TALLAHASSEE, FL 32308**

☒ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
4624 RAMSGATE DRIVE
TALLAHASSEE, FL 32308**

☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
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.

SIGNATURE:

Richard L. Harrell

RICHARD L. HARRELL

(850) 386-2205

CR2E034 (10/97)