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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000048733

1. Corporation Name

R.L. HARRELL, INC.

| Principal Place of Business | Mailing Address |
|--|---|
| 2555 N MONROE ST STE 5 TALL FL 32303 US | P.O. BOX 14924 Tallahassee FL 32317-4924 US |
| 2 Principal Place of Business | 2a Mailing Address |

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90040 008 ***150.00



| TALL FL 32303 | | US | | | | | DO NOT WRITE IN IT | IIS SPACE | | |
|---|---|---------------|----------------------------|----------------|---|----------------------------------|---|---------------|----------------|--|
| US | | | | | | | 3. Date Incorporated or Qualifed | | - | |
| | | | | | | | 07/13/1993 | | | |
| 2. Principal P | lace of Business | 2a. | Mailing Address | | | | 4. FEI Number | | Applied For | |
| 21 | 26 | | | | | | 59-3191097 | | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | \$8.75 | Additional | | |
| 22 27 | | | | | | 5. Certificate of Status Desired | | Required | | |
| City & Stat | | 2/1 | City & State | | | | 6. Election Campaign Financing | \$5.0 | May Be | |
| _ ′ | ic . | 20 | ony a onno | | | | Trust Fund Contribution | , | d to Fees | |
| 23 | Country | 28 | Zip | Countr | ., | \longrightarrow | This corporation owes the current year | | | |
| | , ' - - - - - - - - - - | | | 30 | | | Personal Property Tax. | T∏ Yes | □No | |
| 24 | 25 | 29 | | <u>v </u> | | | 10. Name and Address of New Register | | | |
| | 9. Name and Address of Curre | nt Kegis | terea Agent | 81 | Nar | | 10. Name and Address of New Register | ou Agoin | | |
| HAD | DELL DICHADO I | | | " | '*a' | 116 | | | _ | |
| HARRELL, RICHARD L | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | RAMSGATE DR | | | | | | | | | |
| TALL | L FL 32308 | | | 83 | 3 | | | | | |
| | | | | | + | | | 85 Zij | Code | |
| | | | | 84 | City | , | F | :L °° ~" | Code | |
| 11 Purcuent | to the provisions of Sections 607 050 | 12 and 6 | 07.1508 Florida Statutes | the abov | e-nam | ed corpora | ation submits this statement for the purpose | of changing i | ts registered | |
| office or r agent. I a | registered agent, or both, in the State im familiar with, and accept the obliga- | ations of, | , Section 607.0505, Florid | la Statute: | S. | уроганоп | s board of directors. I hereby accept the ap- | , | | |
| SIGNATURE | Signature, typed or printed name of registered age | ent and title | if applicable. (NOTE: R | legistered Age | nt signat | ure required w | /hen reinstating) DATE | | | |
| 12. | OFFICERS A | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | FORS IN 12 | |
| TITLE | PTD | | ☐ DELETE | 1.1 TITLE | | | | ☐ Chang | e 🔲 Addition | |
| NAME | HARRELL, RICHARD L | | | 1.2 NAME | | | | | | |
| | 4624 RAMSGATE DR | | | 1.3 STREE | T 4 DDO | | | | | |
| STREET ADDRESS | 1 | | | 1 | | 333 | | | | |
| CITY-ST-ZIP | TALL FL 32308 | | O DELETE | 1.4 CITY-5 | ST-ZIP | | | Change | e | |
| TITLE | S | | ☐ DELETE | 2.1 TITLE | | | | Criding | | |
| NAME | HARRELL, DEBORAH D | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | 4624 RAMSGATE DR | | | 2.3 STREE | T ADDRI | ESS | | | | |
| CITY-ST-ZIP | TALL FL 32308 | | | 2. 4 CITY- | ST-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 3.1 TITLE | | | | Chang | e 🔲 Addition | |
| NAME | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | J . | | | 3.3 STREE | T ADDR | ESS | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY- | | | | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | | Chang | e Additio | |
| | İ | | <u> </u> | 4. 2 NAME | • | | | | | |
| NAME | | | | 4.3 STREE | | | | | | |
| STREET ADDRESS | | | | | | 200 | | | | |
| CiTY-ST-ZiP | | | □ DELETE | 4.4 CfTY- | ST-ZIP | $+\!-\!-$ | | Chang | e Addition | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | | | - Linadido | |
| NAME | ļ | - | | 5.2 NAME | | | | | | |
| STREET ADDRESS | Į. | | | 5.3 STREE | | ≞ss∣ | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY- | ST-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | | Chang | e 🔲 Additio | |
| NAME | | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | 6.3 STREE | ET ADDR | ESS | | | | |
| CITY OF 7/D | <u>'</u> | | | 6.4 CITY- | ST. 7IP | | | | | |
| CITY OF 7ID | | | | - V. T OI 1" | | 1 | | | | |

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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD L. HARRELL, PRES.

(850)386-2205