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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham "

Socretary of State DIVISION OF CORPORATIONS.

1997

CITY-ST-ZIP

DOCUMENT # P93000054990 (5)

CUSTOM CONSTRUCTION BY HARRIS INC.

Principal Place of Business Mailing Address P. O. BOX 40128 P. O. BOX 40126 JACKSONVILLE FL \$2206 JACKSONVILLE FL 32203-0126 3. Date Incorporated or Qualified 3a. Date of Last Report 08/05/1993 07/02/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3209570 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution 23 28 Added to Fees Country Žip Country 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 HARRIS. ROBERT L SR 892 OCEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BCH, FL 32233 83 R4 Zip Code .05/)2 and 607,1508, Florida the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the n of Florida. Such ehringe was authorized by pations of, Section 60X,0505, Florida Statutes. ration's board of directors. I hereby accept the appointment, SIGNATURE 12. , ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 3 STREET ADDRESS 2 4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITE 3.1 TIBLE President Secretary-Treasurer NAME 3.2 NAME Wade T. Carter. Robert L. Harris, Sr. STREET ADDRESS 3.3 STREET ADDRESS 892 Ocean Blvd. Atlantic Beach, FL P. O. Box 40126 N/A 32203-0126 CITY-ST-ZIP 3.4. CITY - ST - ZIP 32233 Change Jacksonville, FL Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TT DELETE Change Addition TITLE 5.1 TITLE 5 2 NAM6 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY-\$1-ZIP DELETE Change Addition 61 HILE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

14. I do hereby certify that the information indicated on the annual I am an officer or director of the coappears in Block 12 or Block 18 if an address. 446/01

6.4 CITY - ST - ZIP

plannation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that the corporation or the receiver of trustee/empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jun 19 1997 8:00am

Secretary of State