

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000059588 (2)

1. Corporation Name

DANIEL R. HARRIS, INC.



Principal Place of Business

Mailing Address

5284 WEST AVENUE
DELEON SPRINGS FL 32130

5284 WEST AVENUE
DELEON SPRINGS FL 32130

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/20/1993

3a. Date of Last Report

07/06/1995

4. FEI Number

59-3196887

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

10. Name and Address of New Registered Agent

HARRIS, DANIEL R
5284 WEST AVENUE
DELEON SPRINGS FL 32130

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, typed or printed name of the registered agent and filer (applicable)

(If filer, Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P
HARRIS, DANIEL R
5284 WEST AVE.
DELEON SPRINGS FL 32130

TITLE NAME STREET ADDRESS CITY - ST - ZIP

S
HARRIS, LORI
5284 WEST AVE.
DELEON SPRINGS FL 32130

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY - ST - ZIP

12 NAME STREET ADDRESS CITY - ST - ZIP

13 CITY - ST - ZIP

14 CITY - ST - ZIP

21 TITLE NAME STREET ADDRESS CITY - ST - ZIP

22 NAME STREET ADDRESS CITY - ST - ZIP

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53 CITY - ST - ZIP

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61 TITLE NAME STREET ADDRESS CITY - ST - ZIP

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64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-96

904-985-0121

CR2E034 (3/96)