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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:38

DOCUMENT # P93000071374 (1)

1. Corporation Name

ROBERT B. HARRISON, CPRC, INC.

Principal Place of Business
P.O. BOX 1087
MELBOURNE FL 32902-1087

Mailing Address
P.O. BOX 1087
MELBOURNE FL 32902-1087

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1993** 3a. Date of Last Report **01/27/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3206096

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATTERTON, A. VAN JR.
1990 W. NEW HAVEN AVE.
SUITE 104
MELBOURNE FL 32901**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

WILLIAMS, MICHAEL H

STREET ADDRESS

% P.O. BOX 1087 (N/A)

CITY-ST- ZIP

MELBOURNE FL 32902-1087

11 TITLE

V

12 NAME

Steven R. Scott

13 STREET ADDRESS

P.O. Box 1087 (N/A)

14 CITY- ST- ZIP

Melbourne, FL 32902-1087

TITLE

D

NAME

HARRISON, ROBERT B

STREET ADDRESS

% P.O. BOX 1087 (N/A)

CITY-ST- ZIP

MELBOURNE FL 32902-1087

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE

D

NAME

HARRISON, MOLLY

STREET ADDRESS

211 AVENUE DEL SOL

CITY- ST- ZIP

INDIALANTIC FL 32903

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

Robert B. Harrison

Robert B. Harrison

1/16/95 (407) 676-9969

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

DATE (Month/Day/Year) PHONE NUMBER