

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

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

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

10. Name and Address of New Registered Agent

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** Change Addition
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 Change Addition
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 Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE Change Addition
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

1/16/95 (407) 676-9969

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

DATE AND TELEPHONE NUMBER