


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

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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90072 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000071374**

1. Corporation Name  
**ROBERT B. HARRISON, CPRC, INC.**



Principal Place of Business 1383 CPYRESS AVE MELBOURNE FL 32935 US	Mailing Address P.O. BOX 1087 MELBOURNE FL 32902-1087
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>10/14/1993</b>	
4. FEI Number <b>59-3206096</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MICHAEL H	
STREET ADDRESS	% P.O. BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL 32902-1087	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARRISON, ROBERT B	
STREET ADDRESS	1383 CYPRESS AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SIMMONS, MOLLY E	
STREET ADDRESS	211 AVENIDA DEL SOL	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCOTT, STEVEN R	
STREET ADDRESS	PO BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RICKY D.	
STREET ADDRESS	POST OFFICE BOX 1087 (N/A)	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARRISON, BENSON B	
STREET ADDRESS	P.O. BOX 1087 N/A	
CITY-ST-ZIP	MELBOURNE FL 32902	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *Molly Simmons* Sec/Treas Date: *1/14/99* (407) 255-7663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)