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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012719 (8)**

1. Corporation Name
HARRIS & KLEIN, INC.

Principal Place of Business	Mailing Address
P. O. BOX 033184 INDIALANTIC FL 32903	P. O. BOX 033184 INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2550 Palm Bay Rd #NE
22 Suite 113
23 Palm Bay
24 32905 25 Brevard

2a. Mailing Address
26 PO Box 033184
27 Suite, Apt. #, etc.
28 Indialantic FL
29 32903 30 Brevard

4. FEI Number: 59-3226510 ☐ 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

DILAVORE, PETER
877 N. A1A
APT. #201
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: Peter Dilavore
82 Street Address (P.O. Box Number is Not Acceptable): 2153 Tappan Zee Ln
83
84 City: Palm Bay FL 85 Zip Code: 32905

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: Peter Dilavore
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILAVORE, PETER 877 N. A1A, APT. #201 INDIALANTIC FL 32903	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☒ Change ☐ Addition
			Peter Dilavore 2153 Tappan Zee Ln. Palm Bay FL 32905	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~DUNGEES, JIM~~ ~~1770 ELMHURST CIRCLE, S.E.~~ ~~PALM BAY FL 32909~~	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Thomas Prasch 4755 Seminole Trail Merritt Island, FL 32953	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, AL 877 N. A1A, APT. #201 INDIALANTIC FL 32903	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	King, AL 877 N. A-1-A Apt 801 Indialantic, FL 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, MATTHEW 163 CAMERON ST. S. E. PALM BAY FL 32909	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Matthew Harris 1011 Troutman Blvd N.E #201 Palm Bay FL 32905	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE: Peter Dilavore Peter L. Dilavore 2-2-95 407 723 0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410707 FP