

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000081068 (6)

1. Corporation Name

AMY B. HARRISON ENTERPRISES, INC.

FILED

1995 AUG 10 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% RICHARD COTTER
P.O. BOX 2579
FORT MYERS FL 33902

% RICHARD COTTER
P.O. BOX 2579
FORT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/04/1994

2. Principal Place of Business

2a. Mailing Address

21 13632 NORTH CLEVELAND AVENUE
Suite, Apt. #, etc.

13632 NORTH CLEVELAND AVENUE
Suite, Apt. #, etc.

4. FEI Number

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. 195.032,
Florida Statutes ☒ Yes ☐ No

22 City & State

27 City & State

23 NORTH FORT MYERS, FL

28 NORTH FORT MYERS, FL

24 Zip

Country

29 Zip

Country

33903

USA

33903

USA

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

RICHARD T. COTTER, P.A.
6100 ESTERO BLVD.
FORT MYERS BEACH FL 33932-2579

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 registered agent and title if applicable)

(If 011. Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME HARRISON, AMY B
STREET ADDRESS 6100 ESTERO BLVD.
CITY - ST - ZIP FT MYERS BEACH FL 33931

11 TITLE
12 NAME
13 STREET ADDRESS 387 SEMINOLE WAY
14 CITY - ST - ZIP FORT MYERS BEACH, FL 33931

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 110.07(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 the 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:

Amy B. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/95 (813) 995-0777
DATE TELEPHONE (Area #)

CR2E034 (3/95)