Applied For

Not Applicable

05-06-1999 90059 017 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/20/1995

59-3305317

4. FEI Number

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

Mailing Address

SUITE 106. BOX 201

2a. Mailing Address

26

OVIEDO FL 32765

2200 WINTER SPRINGS BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022983

1. Corporation Name

Principal Place of Business

2200 WINTER SPRINGS BLVD

2. Principal Place of Business

SUITE 106. BOX 201

OVIEDO FL 32765

21

W.T. HARRISON CONSTRUCTION, INC.

Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27						Fee Re	quirea
City & State	•	City & State	'	ı		6. Election Campaign Financing	П	\$5.00	, ,
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the cu	rent year Inta		
24	25 29 30			1 crashar reporty Tux.					Z No
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New	Registered /	Agent	
					Name				
HARRISON, WILLIAM				82 Street Address (P.O. Box Number is Not Acceptable)					_
2200 WINTER SPRINGS BLVD.									
SUITE 106, BOX 201									
OVIEDO FL 32765					0.1			85 Zip (Code
			i	84	City		FL	85 Zip (Jude
11 Pureuant i	to the provisions of Sections 607.0502	and 607.1508. Florida Stat	tutes, the ab	ove-i	named corpor	ation submits this statement for the	e purpose of	changing its	registered
office or re	to the provisions of Sections 607.0302 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was	s authorized	DV IN	e corporation	's board of directors. I hereby acce	ept the appoir	itment as re	gistered
	milanima willy and decept the sangen								
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	Р	☐ DELETE	1.1 TIT	LE				Change	☐ Addition
NAME	HARRISON, WILLIAM 12			1.2 NAME					
STREET ADDRESS	2200 WINTER SPRINGS BLVD		1.3 STF	REET A	DORESS				
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CIT	Y-ST-Z	ZIP				
TITLE		☐ DELETE	2.1 TITI					Change	☐ Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 STF	REETA	DDRESS				
1			2.4 CII		Y				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITI					Change	Addition
NAME			3.2 NAJ	MF					
					DORESS				
STREET ADDRESS			3.4. CIT						
CITY-ST-ZIP	DELETE 4.1				ZIF			Change	☐ Addition
TITLE		_ 522212	4. 2 NA						
NAME					DODECC				
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP			4.4 CIT 5.1 TITI		LIF .			Change	Addition
TITLE			5.1 (III 5.2 NAI						
NAME					DORESS				
STREET ADDRESS			5.4 CIT		ľ				
CITY-ST-ZIP		DELETE	6.1 TIT		ZIF .			Change	Addition
TITLE			6.2 NA					onange	[_] / Workell
NAME					DDDCcc				
STREET ADDRESS					DDRESS				
C/TY-ST-ZIP			6.4 CIT			-N 440 07/2\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	I further e	if, that the	nformation
14. I hereby of indicated	ertify that the information supplied wit on this annual report or supplemental	th this filing does not qualify annual report is true and a	tor the exer	nptioi that r	n stated in Se my signature s	ciion 119.07(3)(i), Fiorida Statutes shall have the same legal effect as	. i iuither cer if made unde	er 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.