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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000023893 (7)

L.I. H/	ARRIS, III, INC.			 	! <b>35</b> /// <b>33</b> // <b>3</b> // <b>88</b> 0 1// <b>0</b> // <b>35//6</b> / <b>3//4</b> 1// (38/
Principal Place	of Business	Mailing Address			
1673 ARBOR LANE FERNANDINA BEACH FL 32034 FERNANDINA BEACH			FL 32034		
				3. Date Incorporated or Qualified 03/24/1995	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-3304083	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		C Starting Countries Front	Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes	<b>M</b> No
<del></del>	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	egistered Agent
MADDIO	MITON		81 Name		
HARRIS, LINTON I 1673 ARBOR LANE			82 Street Address (P.O. Box Number is Not Acceptable)		9)
	NDINA BEACH FL 32034		83		
I STATE	NUMA BEACH FE 32034				
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	5_Secrethru <	E: Regis) red Agent signature require	ration submits this statement for the purp rd of directors. I hereby accept the appo	2/1/96
TITLE	PDT	DELETE	1. 1 TITLE	ADDITION AS OF PARTIES TO OFFICE	Change Addition
NAME	HARRIS, LINTON I		1.2 NAME		
STREET ADDRESS	1673 ARBOR LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH FL 3 VS		1.4 CITY-ST-ZIP		
TITLE NAME	HARRIS, TRUDI C	☐ DELETE	2 1 TITLE		Change Addition
STREET ADDRESS	1673 ARBOR LANE		2 2 NAME		
CITY-ST-ZIP	FERNANDINA BEACH FL 3	2034	2.3 STREET ADDRESS		
TITLE		DELETE	2 4 CITY - ST - ZIP 3. 1 TITLE		Change Addition
NAME			3.2 NAME		☐ onenge ☐ Xoon on
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE	•	DELETE	4. 1 THTLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		•
IITLE		DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		F7 06
NAME		- Dett.	5 2 NAME		Change Addition
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY - ST - ZiP		
TTLE		☐ DELETE	6. 1 TITLE		Change Addition
AME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
ITY-ST-ZIP	codify that the information are -0	collection flows in the second	6.4 CITY-ST-ZIP		
oath; that I	the information indicated on this ann am an officer or director of the corpx Block 12 or Block 13 if changed, or	oration or the receiver or trustee	empourered to execute this	or the exemption stated in Section 119.05 te and that my signature shall have the sa s report as required by Chapter 607, Flori	7(3)(k), Florida Statutes, I further nme legal effect as if made under da Statutes; and that my name

SIGNATURE: TRUDIC HARRIS Secretores Drude C Juris 2/1/96 (904) 261-3737