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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000041026 1. Corporation Name

HARRISON REALTY & DEVELOPMENT, INC.

	• • •									
Principal Place	e of Business	Mailing Address					 		HONY HOLF BOLEN	IIDIO EXII (BO)
749 N. GARLAND AVE P.O. E		P.O. BOX 1133 ORLANDO FL 32802	D. BOX 1133				DO NOT WR	ITE IN THIS	SPACE	
URLANDO PE 32001					-	3. Date Incorpora				
				-	1	05/22/1995				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26				59-3320276				t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of St	atus Desired		\$8.75	1	
22								Fee Re		
City & Stat	e	 				Election Campa Trust Fund Cor	_		\$5.00 Added	
			Countr	ry				rent vear Int		
			30	•		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No				
	9. Name and Address of Curren				1	10. Name and Ad	dress of New	Registered	Agent	
	DIOON DAVISOND D		8	1 Name	•					
	RISON, RAYMOND D N. GARLAND AVE		8:	2 Stree	t Address	(P.O. Box Numbe	r is Not Accept	able)		
	TE 104								Land to State	19 8/8 1 (18)
	ANDO FL 32801		8:	3			3.5	if '		
0110		0	8-	4 City		- + •		E)	85 Zip	Code
44 Purcuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	ites, the abo	ve-name	d corporat	tion submits this st	atement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized b	y the cor	poration's	board of directors	I hereby acce	pt the appoi	ntment as re	gistered
• vagent La	im tamiliar with, and accept the obliga	tions of, Section 607.0505, Fi	onda Statute							· · · ·
-9	•									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Ag	ent signature	required whe			DATE		
-9	OFFICERS AN	D DIRECTORS	13.		required whe	en reinstating) ADDITIONS/CH.	ANGES TO OF			
SIGNATURE	OFFICERS AN		13. 1.1 TITLE		required whe		ANGES TO OF		D DIRECTO	DRS IN 12
SIGNATURE 12. , TITLE NAME	OFFICERS AN PS HARRISON, RAYMOND D	D DIRECTORS	13. 1.1 TITLE 1.2 NAME				ANGES TO OF			
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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.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90022 014 ***150.00