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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-71F



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078510 (1)

HARRISON ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 7006 ATLANTIC BLVD. 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3344865 21 Not Applicable Sulte. Apt. #. etc. Suite. Apt. #. etc. \$8.75 Additional s. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent HARRISON, DAVID 7006 ATLANTIC BLVD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32211 83 64 City 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, typed or printed name of registered agent and title. Lapplicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. POST DELETE Addition Change TITLE 1.1 TITLE HARRISON, DAVID NAME 12 NAME 7006 ATLANTIC BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City - ST- ZIP TITLE DELETE 3.1 TITLE Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hand 74 From 1971 7189

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 logal 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