## 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 # P95000087630

1. Corporation Name

Hairris Constructors of Southwest Florida

Principal Place of Business

Mailing Address

1510 12th Stw.

Same

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90087 043 \*\*\*150.00

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7970 7= 3,100	٠ .			DO NOT WRITE IN THIS	COACE	
Palmetto FL	Palmetto FL 34221			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
, , , , , , , , , , , , , , , , , , , ,	·					
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 11/14/95	Applied For	
<del></del>					Not Applicable	
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0639712	\$8.75 Additional	
22	27			5. Certifcate of Status Desired	Fee Required	
City & State	City & State			6. Election Campaign Financing		
¬ ´	28			Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country		This corporation owes the current year Internal Control of the Current year Inte		
24 25	29 30		Personal Property Tax. XYes \( \sum No \)			
9. Name and Address of Current		T		10. Name and Address of New Registered	<del></del>	
		81	Name			
Jack Harris 1510 12+5 St W Palmetto FL 34221						
ITIA 12+5 St W			Street Ad	ddress (P.O. Box Number is Not Acceptable)		
13/0 /2 = 9	( 2/1221	83				
Palmetto F	-L 37221	"				
		84	City	TI	85 Zip Code	
			l	FL	• • • • • • • • • • • • • • • • • • • •	
11. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of	t and 607.1508, Florida Statutes of Florida. Such change was auti	i, the above horized by	e-named co the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	intment as registered	
agent. I am familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutés				
SIGNATURE Separture, typed or printed name of registered agent	ARRIS			uired when reinstating) 4-3	19-49	
		•	t signature requ	uired when reinstating) DATE	ID DIDECTORS IN 42	
12. OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
TITLE PIS/O/T		1.1 TITLE				
NAME Jack Harris	(.)	1.2 NAME				
NAME Jack Harris STREET ADDRESS 1510 12th St CITY-ST-ZIP Palmetto FL		1.3 STREET				
CITY-ST-ZIP Falmetto FL	34221	1.4 CITY-S	r-ZIP			
TITLE	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET	ADDRESS		İ	
CITY-ST-ZIP		2. 4 CITY-S	T-ZIP			
TITLE	DELETE	3.1 TITLE			Change Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET	ADDRESS			
CITY-ST-ZIP		3.4. CITY-S	T-ZIP			
TITLE	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST	r-ZIP			
TITLE	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET	ADDRESS			
CITY-SI-ZIP		5.4 CITY-ST	r-ZIP			
TITLE	☐ DELETE	61 TITLE			Change Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET	ADDRESS			
STILL POPULOS		0.4.0007.00				

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

#-39-99 Jill-7395122 Date Daytime Phone #

32F034 (11/98