


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90069 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000096003

1. Corporation Name
MARK HARRISON, INC.

Principal Place of Business 15176 U.S. 19 NORTH CLEARWATER FL 34624	Mailing Address 15176 U.S. 19 NORTH CLEARWATER FL 34624
---	---



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1996	
4. FEI Number 59-3349696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent CONETTA, TAMI F ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER FL 34616		10. Name and Address of New Registered Agent	
81	Name MARK W HARRISON		
82	Street Address (P.O. Box Number is Not Acceptable) 15176 U.S. HWY 19, NORTH		
83			
84	City CLEARWATER	85	Zip Code FL 33764

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 *[Signature]* **MARK W HARRISON** DATE **3-29-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MARK W	1.2 NAME	
STREET ADDRESS	15176 U.S. 19 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	
TITLE	SECRETARY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL LYONS HARRISON	2.2 NAME	
STREET ADDRESS	15176 U.S. 19 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL. 34664	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]* DATE **3-12-99** DAYTIME PHONE # **727-536-9655**

CR2E034 (1/98)