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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029904

Country

25

1. Corporation Name

HARRIS AND ROGERS, INC.

Prir	ncipal	Place	of	Business

Mailing Address

525 22ND AVENUE N. ST PETERSBURG FL 33704

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

525 22ND AVENUE N. ST PETERSBURG FL 33704

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90012 023 ***150.00



DO NOT WRI	TE IN TH	IS SPACE			
3. Date Incorporated or Qualifed					
04/01/1996					
4. FEI Number					
59-3371502		Not Applicable			
5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible					
Personal Property Tax.		☐ Yes ☐ No			
10. Name and Address of New F	Registere	d Agent			
-					

9. Name and Address of Current Registered Agent ROGERS, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 525 22ND AVENUE N. ST PETERSBURG FL 33704 83 84 85 Zip Code City

Country

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. □ DELETE 1.1 TITLE Change TITLE President ROGERS, KATHLEEN 12 NAME NAME 1.3 STREET ADDRESS 525 22ND AVENUE N. STREET ADDRESS ST PETERSBURG FL 33704 1.4 CITY-ST-ZIP CITY-ST-ZIP **□** Addition ☐ Change □ DELETE 2.1 TITLE V. President TITLE PATEICK Harris 2.2 NAME patrick Harris NAME sas aandave 2.3 STREET ADDRESS STREET ADDRESS 33704 33704 2. 4 CITY-ST-ZIP CITY-ST-ZI Addition ☐ DELETE 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE __ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 6.1 TITLE ☐ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1

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 all other like empowered.

CR2E034 (11/98)