

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90066 024 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000097446 (4)** ✓

1. Corporation Name  
**THOMAS HARRISON CONSTRUCTION, INC.**

Principal Place of Business <b>2096 50TH STREET S.W. NAPLES FL 33999</b>	Mailing Address <b>2096 50TH STREET S.W. NAPLES FL 33999</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21) _____ Suite, Apt. #, etc. 22) _____ City & State 23) _____ Zip 24) _____ Country 25) _____	2a. Mailing Address 26) <b>PO Box 11222</b> Suite, Apt. #, etc. 27) _____ City & State 28) <b>Naples FL</b> Zip 29) <b>34101-1222</b> Country 30) <b>USA</b>	3. Date Incorporated or Qualified <b>11/25/1996</b>	4. FEI Number <b>59-3413747</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Name and Address of Current Registered Agent

**HARRISON, THOMAS P**  
**2096 50TH STREET S.W.**  
**NAPLES FL 33999**

10. Name and Address of New Registered Agent

81) Name \_\_\_\_\_  
82) Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
83) \_\_\_\_\_  
84) City \_\_\_\_\_ 85) Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1999	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRISON, THOMAS P</b>		1.2 NAME	
STREET ADDRESS <b>2096 50TH STREET S.W.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 33999</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

Please sign, date and mail by:

**APRIL 15, 1999**

Make check payable to:  
**DEPARTMENT OF STATE**  
in the amount of:

**\$150.00**

14. I hereby certify that the information furnished 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas P. Harrison 4-19-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION