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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jan 20 1998 8:00am Secretary of State

DOCUMENT # P96000099892 (7) HARRIS-SPRAGUE, INC. Principal Place of Business Mailing Address 5319 LAKE WORTH ROAD 5319 LAKE WORTH ROAD LAKE WORTH FL 33463 LAKE WORTH FL 33463 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0714513 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPRAGUE, STEVEN 5319 LAKE WORTH ROAD Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE SPRAGUE, STEVEN NAME 1.2 NAME CR2E034 5319 LAKE WORTH ROAD STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 33463 CITY - ST - ZIP 1.4 CITY - ST- ZIP DELETE Addition TITLE 2.1 TITLE HAZEL, HAZEL K NAME 2.2 NAME 5319 LAKE WORTH ROAD 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME HAZEL, ALBERT W 3.2 NAME STREET ADDRESS 5319 LAKE WORTH ROAD 3.3 STREET ADDRESS LAKE WORTH FL 33463 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 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 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS 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 arrival egon is the 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 receive or twice 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 or an arachytept with an address.

SIGNATURE:

REQUIRED

1/8/98 561-968-3400