Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90053 042 ***150.00

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 # P97000101629

1. Corporation HARRISC	ON CONSTRUCTION & DEV	ELOPMENT, INC.			
Principal Place of Business Mailing Address				I (BEISOER IIA IZRI OBNI OBNI ODISI DOST PANAS I	TOTA BILLS ITALA LALE IGAL
1482 KEYWAY ROAD ENGLEWOOD FL 34223		1482 KEYWAY ROAD ENGLEWOOD FL 34223		DO NOT HIDITE IN THE SPACE	
				DO NOT WRITE IN THIS SPA	<u></u>
				3. Date Incorporated or Qualifed 12/03/1997	
Principal Place of Business 2a. Machine State		2a. Mailing Address		4. FEI Number	Applied For
		26		65-0801770	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required
22		27		<u> </u>	
City & State		City & State			55.00 May Be Added to Fees
23 28 7			ountry		
Zip	Country	— · — —	Dunitry .	8. This corporation owes the current year Intangit Personal Property Tax.	
24	25			10. Name and Address of New Registered Ager	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
HARRISON, BYRON 1482 KEYWAY ROAD			82 Street Address (P.O. Box Number is Not Acceptable)		
			84 City	FL 85	Zip Code
44 5	to the continue of Sections Spr. 0502	and 507 4500 Florida Statutos the	above named co		raing its registered
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 a	m familiar with and accept the obligat	ions of, Section 607.0505, Florida St	atutes.	2 20.00	٥
SIGNATÜRE	Deport tar	and title if applicable. (NOTE: Registe	red Agent signature requ	ired when reinstation) DATE	1
12.	Signature, type or printed name of regulated agent			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	PSD		TITLE		Change
NAME	HARRISON, BYRON P	_	NAME		
· i	1482 KEYWAY ROAD			•	
STREET ADDRESS	T1101 T110 OD T1 - 1000		STREET ADDRESS		5
CITY-ST-ZIP TITLE			CITY-ST-ZIP		Change Addition
	HARRISON, ELIZABETH G	-	NAME	_	.
NAME	1482 KEYWAY ROAD	.	STREET ADDRESS		
STREET ADDRESS	ENGLEWOOD FL 34223	1	- 1		
_CITY:ST:ZIP	ENGLEWOOD IL 34223		TITLE		Change
ΠILE			NAME		
NAME					
STREET ADDRESS			STREET ADDRESS		
C/TY-ST-Z/P			. CITY-ST-ZIP		Change
TITLE			TITLE		
NAME .			2 NAME		
STREET ADDRESS		•	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		Change Addition
TITLE		=	TITLE	Ц	Suringe Discontinu
NAME I		5.2	. INVINC		1

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 exponsition or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, of on an attachment with ab address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition