2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 20, 2000 8:00 am Secretary of State OCUMENT # P98 000089028 S.L. Harris, Inc. 07-20-2000 90014 037 ***150.00 inal Place of Business Mailing Address 296 Fruit Cove . . D. S. Jacksonville FC 32259 A0068486 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 1296 Fruit Cove Drive South Jacksonville FL 32259 Zip Code FL The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (f/OTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS NAME Fruit Cove Dr. South STREET ADDRESS CITY-ST-ZIP ST-ZIP Addition ☐ Change John C. Harn's 1294 Fruit Cove Dr. South STREET ADDRESS Jacksonville Fl. 32259 ST ZIP ☐ Change TITLE NAME STREET ADDRESS ChY-ST-Zip 3 ST ZiP- -Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP · Change Addition □ Delete TITLE NAME STREET ADDRESS ADDDCCG CITY-ST-ZIP ST ZIP ☐ Addition ☐ Change ☐ Delete TITLE ationic eq STREET ADDRESS CITY-ST-ZIP SY 7!P 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 report or supplemental 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 11 or Block 12 if 904287 3835 OF SIGNING OFFICER OR DIRECTOR



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July 14, 2000

Annual Reports Filing Post Office Box 6327 Tallahassee, FL-32314

Re: Profit Corporation Annual Report

Document P98000089028 - S.L. Harris, Inc.

Dear Sir/Madam,

Please see the attached Annual Report for our client listed above. We are requesting a waiver of the late fee and ask that you accept the enclosed annual report with their full payment.

Ms. Harris, President of the above Corporation, did not receive her report for the current registration period. She brought this to our attention as soon as she realized this and we promptly prepared the 2000 Uniform Business Report (UBR). She also has not received a second notice. She has always been very conscientious about forwarding all of her government paperwork to us and paying all yearly fees timely.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, EA

Enclosure: Check #506

2000 UBR