

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90087 042 \*\*\*150.00

**DOCUMENT # P98000091848**

1. Corporation Name

**HARRIS CONSULTING OF TAMPA BAY, INC.**

Principal Place of Business

**1971 W. LUMSDEN ROAD SUITE 322  
BRANDON FL 33511**

Mailing Address

**1971 W. LUMSDEN ROAD SUITE 322  
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/28/1998**

4. FEI Number

**59-3539552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. 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

2. Principal Place of Business

**5951 MEMORIAL HWY**

2a. Mailing Address

**5951 MEMORIAL HWY**

Suite, Apt. #, etc.

**SUITE 242**

Suite, Apt. #, etc.

**SUITE 242**

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33615**

Country

**USA**

Zip

**33615**

Country

**USA**

9. Name and Address of Current Registered Agent

**R. JEFFREY STULL, P.A.  
602 SOUTH BOULEVARD  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

**D**

☐ DELETE

NAME

**HARRIS, MICHAEL**

STREET ADDRESS

**1971 W. LUMSDEN ROAD SUITE 322**

CITY-ST-ZIP

**BRANDON FL 33511**

TITLE

**D**

☐ DELETE

NAME

**HAMMER, BRYAN**

STREET ADDRESS

**1971 W. LUMSDEN ROAD SUITE 322**

CITY-ST-ZIP

**BRANDON FL 33511**

TITLE

**D**

☐ DELETE

NAME

**D**

STREET ADDRESS

**1971 W. LUMSDEN ROAD SUITE 322**

CITY-ST-ZIP

**BRANDON FL 33511**

TITLE

**D**

☐ DELETE

NAME

**D**

STREET ADDRESS

**1971 W. LUMSDEN ROAD SUITE 322**

CITY-ST-ZIP

**BRANDON FL 33511**

TITLE

**D**

☐ DELETE

NAME

**D**

STREET ADDRESS

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CITY-ST-ZIP

**BRANDON FL 33511**

TITLE

**D**

☐ DELETE

NAME

**D**

STREET ADDRESS

**1971 W. LUMSDEN ROAD SUITE 322**

CITY-ST-ZIP

**BRANDON FL 33511**

TITLE

**D**

☐ DELETE

NAME

**D**

STREET ADDRESS

**1971 W. LUMSDEN ROAD SUITE 322**

CITY-ST-ZIP

**BRANDON FL 33511**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**MICHAEL HARRIS**

**16 MAR 1999**

**813 806 9596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)