P99000048570

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COVER LETTER

Division of Corporations	
SUBJECT: Harrison Surveying and Mapping, Inc. (Name of Corporation)	ن .
DOCUMENT NUMBER:	was .
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Theresa Willis (Name of Contact Person)	÷
Harrison Surveying and Mapping, Inc. (Firm/Company)	
32529 Okaloosa Trail (Address)	
Sorrento, FL 32776 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Theresa Willis at (352) 735-1263 (Name of Contact Person) (Area Code & Daytime Telephone Number)	•
Enclosed is a \$35,00 check made payable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 007.0302, 017.0302, 007.1308, or 017.1308, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation: HARRISON SURVEYING AND MAPPING, INC.		
2. The principal	office address: 32529 Okaloosa Traf, Sorrento, FI 32776		
3. The mailing a	address (if different): SAME		
4. Date of incor	poration/qualification: 1999 Document number: P99000048570		
	d street address of the current registered agent and registered office on file with the rtment of State:		
	Thomas E. Harrison		
	5762 Round Lake Road		≘
	Apopka, FL 32712)5 OC	YES
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	0CT-7 PM	OF COM
	Thomas E. Harrison	<u> </u>	25.14 15.14
	25824 Pine Valley Drive	# 1 3	TION.
	(P.O. Box NOT acceptable)		U,
	Sorrento, FI 32776		
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered I be identical.	agent,	
Such change wauthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.		
, , ,	THOMAS E. HAP RISON, PRESIDENT (Printed or typed name and title)		
I hereby accept I further agree of my duties, a document is be corporation fig	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete perfo nd I am familiar with and accept the obligation of my position as registered agent. O ing filed merely to reflect a change in the registered office address, I hereby confirm to speep notified in writing of this change.	rmance r, if this that the	
7	09123/05		
	ignature of Registered Agent) (Date)		
If signing on b	ehalf of an entity:		
	(Typed or Printed Name)		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *