

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdock
Secretary of State
1900 BANK OF AMERICA BLDG

DOCUMENT # **S03149** (9)
THOMAS HARRIS ENTERPRISES, INC.

Principal Place of Business: P.O. BOX 280155, P O BOX 270158 #197, TAMPA FL 33682 US
Mailing Address: P.O. BOX 280155, P O BOX 270158 #197, TAMPA FL 33682 US

2. Previous Place of Business: 21 132 So Public Sq, State: KY, City: Glasgow, KY, Zip: 42142, County: Barren
26. Mailing Address: 26 P. O. Box 1252, State: KY, City: Glasgow, KY, Zip: 42142, County: Barren

APPROVED AND FILED
95 MAY 1 11 10 25
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TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: 08/28/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3034705
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for franchise tax under a prior law, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HARRIS, ANNETTE, 6839 ROSEMARY DR, TAMPA FL 33625

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 192 (b)(2) 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 authorized to accept the responsibility of Section 192 (b)(2), Florida Statutes.

SIGNATURE: *Annette Harris* Date: 4/17/95

12. OFFICERS AND DIRECTORS:

12a. NAME	PD HARRIS, ANNETTE
12b. STREET ADDRESS	6839 ROSEMARY DR
12c. CITY	TAMPA FL
12d. STATE	
12e. ZIP	
12f. NAME	
12g. STREET ADDRESS	
12h. CITY	
12i. STATE	
12j. ZIP	
12k. NAME	
12l. STREET ADDRESS	
12m. CITY	
12n. STATE	
12o. ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

13a. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. STREET ADDRESS		
13c. CITY		
13d. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e. ZIP		
13f. NAME		
13g. STREET ADDRESS		
13h. CITY		
13i. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. ZIP		
13k. NAME		
13l. STREET ADDRESS		
13m. CITY		
13n. STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13o. ZIP		

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (2) (b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or on an attachment with an addendum.

SIGNATURE: *Annette Harris* ANNETTE HARRIS Date: 4/17/95 501-651-5664