SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

Principal Place of Business

NAME STREET ADDRESS

CITY-ST-ZIP

S04298

(3)

Mailing Address

EDWARD P. HARRISON, DESIGNER/BUILDER, INCORPORATED

| 2. Principal Place of Business 2a. Mailing Address 5. Subject | 4982 S HWY A1A STE 9 MELBOURNE BEACH FL 32951 US | | 4982 S HWY A1A STE 9 MELBOURNE BEACH FL 32951 US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1990 | |
|---|---|---|---|--------------|--------------------|---|------------------------|
| Suite, Apt. #, etc. | 2. Principal P | Place of Business | 2a. Mailing Address | | | | pplied For |
| Site. Aptl #, etc. 27 City & State City & S | <u> </u> | | ⊢ ¬ | | | | · · · — — — — — |
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| City & State Country Zip | 22 | | | | | A Contingto of Status Desired | |
| 23 | | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | |
| 28 | 23 | | 28 | | | | |
| HARRISON, EDWARD P. \$2 Street Address (P.O. Box Number is Not Acceptable) ###150, Name and Address of New Registered Agent ###150, Output ###150, Ou | h | | Zip | Zip Country | | | |
| HARRISON, EDWARD P. \$215 S. HWY A1A MELBOURNE FL 32951 11. Pursuant to the provisions of sections 607 0502 and 607.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered eigent. I am familiar with, and accept the obligations of, section 607 0505, Florids Statutes. 11. Pursuant to the provisions of sections 607 0502 and 607.1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered eigent. I am familiar with, and accept the obligations of, section 607 0505, Florids Statutes. SIGNATURE Signature typed or priete rane of registered eyers and site if epocates. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PARRISON, EDWARD P. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ANAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CHANGE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. LANAME 14. CHANGE AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. LANAME 10. STREET ADDRESS CITY-ST-ZIP TITLE ANAME 10. STREET ADDRESS 10. CHANGE 10. Change Addition Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES IN 12 | 24 | | | 30 | | | UNO _ |
| ### 1500, EDWARD P. \$215 S. HWY A1A MELBOURNE FL 32951 ### 1500, Box Number is Not Acceptable) ### 1500, Box Number is Not Acceptable is septimed deather in the purpose of Charging is registered dea | | 9. Name and Address of Curre | nt Registered Agent | | 1 | 10. Name and Address of New Registered Agent | |
| MELBOURNE FL 32951 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 agent, by the corporation's board of directors. I hereby accept the appointment as registered agent agent and state if applicable. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 11.2 OFFICERS AND DIRECTORS 11.2 TITLE PHARRISON, EDWARD P. 12. OFFICERS AND DIRECTORS 11.1 ITILE PHARRISON, EDWARD P. 12. OFFICERS AND DIRECTORS 11.2 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.2 ITILE PHARRISON, EDWARD P. 14. CITYST-2IP TITLE ST DELETE 14. CITYST-2IP DELETE 31 TITLE AMELBOURNE BEACH FL 32 NAME 33 STREET ADDRESS CITY-ST-2IP NAME 33 STREET ADDRESS CITY-ST-2IP TITLE DELETE 31 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.2 Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.2 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.2 TITLE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.2 TITLE ARE CHANGES AND CHANG | HAR | rison, Edward P. | | 81 | Name | | |
| B3 B4 City | | | | 82 Street Ac | | Idress (P.O. Box Number is Not Acceptable) | |
| ### ARRISON, KRYSTYNA R. SIRET ADDRESS CITY-STZIP TITLE NAME HARRISON, KRYSTYNA R. STREET ADDRESS CITY-STZIP NAME STREET ADDRESS CITY-STZIP TITLE NAME STREET ADDRESS CITY-STZIP DELETE ST | MEL | BOURNE FL 32951 | | | | | |
| 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE HARRISON, EDWARD P. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE HARRISON, EDWARD P. 12. TITLE HARRISON, EDWARD P. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE HARRISON, EDWARD P. 12. TITLE ST HARRISON, KRYSTYNA R. 22. NAME 23. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31. TITLE 32. NAME 33. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41. TITLE ADDITION OF THE PURPOSE AND DIRECTORS IN 12. Change Addition Addition Addition Addition Addition Addition ADDITION OF THE PURPOSE AND DIRECTORS IN 12. Change Addition Addition Addition ADDITION OF THE PURPOSE AND DIRECTORS IN 12. TITLE ADDITION OF THE PURPOSE AND DIRECTORS IN 12. Change Addition Addition ADDITION OF THE PURPOSE AND DIRECTORS A | | | | B3 | 1 | | |
| The 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 agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE | | | | 84 | City | € 85 Zip | Code |
| 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 and familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signatum, typod or printed name of registered egent and Male of epictative (NOTE Registative Agent eigentered when reinteating) DATE | 44 2 | 440 Manual Januari 6007 007 | 20 | | | | |
| Signature, typed or printed name of registered agent and talle if applicable 12. | office or | registered agent, or both, in the State | e of Florida. Such change was | authorized b | the corpo | rection's board of directors. I hereby accept the appointment as re- | egistered egistered |
| Signature, typed or printed name of registered upon and site if applicable 12. | SIGNATURE | · | | | | | |
| TITLE NAME HARRISON, EDWARD P. | | | | | Agent eignature | | |
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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



HEALTHY HOMES

A Division of Designer/Builder, Inc.
Edward P. Harrison - Designer/Builder/Bau-Biologist
"Building in Harmony with Nature"

Aug (21, 1998

Flaida Dept. of State
Diusion of Corporations
P.O. BOX 6327
TALLALASSEE, FL. 30314

To whom if may concern,

I Am sending this report in body withe 1st. Notice to tile was not recieved in my office, Now I have the second wotice, I don't know what happened to the enginal, it may have been misplaced do to reconstruction and may have been mistakenly put in Transh.

This is the trad time in nine gears and I apolicies to any inconvenience, I would appreciate your consideration to avoiding penalty.

Very truly yours EDWARD P. HARMSON