

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. McPham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S24774 (9)

1. Corporation Name

DAVID MCK. HARRIS, P.A.



Principal Place of Business

**3646 SAN REMO TERRACE
SARASOTA FL 34239**

Mailing Address

**3646 SAN REMO TERRACE
SARASOTA FL 34239**

3. Date Incorporated or Qualified
01/15/1991

3a. Date of Last Report
04/24/1995

4. FET Number
65-0307357

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. **—**
Suite, Apt. #, etc.

22. City & State

23. Zip Country
24. **34239** 25. **FL**

2a. Mailing Address

26. **P.O. DRAWER 15498**
Suite, Apt. #, etc.

27. City & State

28. **SARASOTA, FL**
Zip Country
29. **34239** 30. **FL**

9. Name and Address of Current Registered Agent

**HARRIS, DAVID MCK.
3646 SAN REMO TERRACE
SARASOTA FL 34239**

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 607.1505, 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 in block on this document

Printed Name of Agent or Officer on this document

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HARRIS, DAVID MCK	
STREET ADDRESS	3646 SAN REMO TERR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

David Mck. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/18/96

(941) 364-8962

City

State and Zip Code

CR2E034 (12/95)