FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S31716

(1)

HARRELL MANAGEMENT GROUP, INC.

FILED Feb 23 1998 8:00am Secretary of State

A MANGAN AND REIDE REUSE REUSE REUS REUGE MELLE BERTE BE

Principal Place of Business Mailing Address						A TORNIAND THE USES THE TERMS THE MILE ASSET AS IN A MILE AS A SERVICE AS IN THE MILE AS A SERVICE AS IN THE MILE AS A SERVICE AS A SER
100 N. TAMPA STREET SUITE 3540 TAMPA FL 33602 US		100 NORTH TAMPA STREET SUIT E3540 TAMPA FL 33602 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						02/14/1991
2. Principal P	lace of Business	*2a. Mailing Address	*2a. Mailing Address			4. FEI Number Applied For
21		26				59-3052058 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ '''			5. Certificate of Status Desired
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	0			Trust Fund Contribution Added to Fees
Zip	Country	Zip	—	Country		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 a Name and Address of Cure	29 30 ddress of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
HA			8	1	Name	10.
HARRELL, CECIL S 100 N TAMPA STREET				_	- A	
I	ITE 3540		8:	2	Street Ad	Idress (P.O. Box Number is Not Acceptable)
	MPA FL 33602		8	3		
			8-	4	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	utes, the abo	ve-	-named co	prporation submits this statement for the purpose of changing its registered
I office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ile of Florida. Such change was	authorized t	bν	the corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	The same train, and doospe the ob	gallo-15 61, 000llan 007,0000, 1	TOTICA DIGITAL	.	•	
SIGNATURE	Signature, typed or printed name of registered	ayent and title if applicable. (NC	TE Registered A	gen	nt signature req	guired when reinstaling) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	HARRELL, CECIL S		1.2 NAME			
STREET ADDRESS 100 N. TAMPA STREET SUITE		IE 3540				
CITY-ST-ZIP TITLE	TAMPA FL.	☐ DELETE	_	1.4 CITY+ST-ZIP		☐ Change ☐ Addition
NAME	MILLER, R. GAYLE			2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	100 NORTH TAMPA STREE	T SHIFE 9540			ADDRESS	
CITY-ST-ZIP	TAMPA FL	1 3011 3370			ſ	
TITLE	☐ DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	_		3.2 NAME	3.2 NAME		
STREET ADDRESS			3.3 STREE	ET A	ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP	
TALE	· ;	☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STAEE	ET A	ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-		- ZłP	The Harris
TITLE		☐ DEL ĒTĒ	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE		- ZIP	☐ Change ☐ Addition
NAME		tall bushing	6.2 NAME			
STREET ADDRESS			6.3 STREE		ADDRESS	
CITY-ST-ZIP			6.4 CITY -			
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. R. GAYLE MILLER						
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