

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S80195 (8)

1. Corporation Name

HARRIS WELL DRILLING, INC.



Principal Place of Business

Mailing Address

11961 MOCCASIN WALLOW RD
PARRISH FL 34219

11961 MOCCASIN WALLOW RD
PARRISH FL 34219

3. Date Incorporated or Qualified

09/13/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

City & State

29

City & State

30

Country

4. FEI Number

65-0278902

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. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, TYRONE
11961 MOCCASIN WALLOW RD
PARRISH FL 34219

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 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Tyrone Harris
Signature of registered agent and, if applicable, of the corporation.

(NOTE: Registered Agent signature required when not changing.)

6-18-96
Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME HARRIS, TYRONE
STREET ADDRESS 11961 MOCCASIN WALLOW RD
CITY-ST-ZIP PARRISH FL

TITLE D
NAME HARRIS, WYNETTE
STREET ADDRESS 11961 MOCCASIN WALLOW RD
CITY-ST-ZIP PARRISH FL

TITLE D
NAME HARRIS, LAMAR
STREET ADDRESS 11961 MOCCASIN WALLOW RD
CITY-ST-ZIP PARRISH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT, DIRECTOR
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE SECRETARY, TREAS, DIR.
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE VICE PRES, DIRECTOR
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wynette Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WYNETTE HARRIS

6-18-96

941-7761402

CR2E034 (3/96)