

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:34

DOCUMENT # S83086

(6)

1. Corporation Name

HARRIS SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1991

3a. Date of Last Report

08/12/1994

4. FEI Number

65-0290376

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. 3500 N. State Rd 7

2a. Mailing Address

26. 3500 N. State Rd 7

Suite, Apt. #, etc.

22. Suite 437

Suite, Apt. #, etc.

27. Suite 437

City & State

23. Landersdale Lakes, FL

City & State

28. Landersdale Lakes, FL

Zip

24. 33319

Country

25. Broward

Zip

29. 33319

Country

30. Broward

9. Name and Address of Current Registered Agent

DOBKIN, KENNETH S. ESQ
4975 E. SUNRISE BLVD.
STE 600
FT. LAUD FL 33304

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 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

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME RUNYON, JAMES
STREET ADDRESS 4410 N. STATE ROAD 7 #100
CITY, ST, ZIP FT. LAUD FL

TITLE PD
NAME MONTANARO, JOHN
STREET ADDRESS 4410 N. STATE RD 7, #100
CITY, ST, ZIP FT. LAUD FL

TITLE VPD
NAME GEHRIS, PETER
STREET ADDRESS 4410 N. STATE RD 7 #100
CITY, ST, ZIP FT. LAUD FL

TITLE T
NAME HOLDER, THOMAS
STREET ADDRESS 4410 N. STATE RD 7, #100
CITY, ST, ZIP FT LAUD FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Daop

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME T/S

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information reflected 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Thomas Holder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95

305-733-2131