

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

**FILED**  
**Mar 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # F93000001986 (9)**

1. Corporation Name  
**HAREN CONSTRUCTION COMPANY, INC.**



Principal Place of Business Mailing Address  
**1715 HWY. 411, NORTH ETOWAH TN 37331** **P.O. BOX 350 ETOWAH TN 37331-0350**

3. Date Incorporated or Qualified <b>04/27/1993</b>	3a. Date of Last Report <b>02/01/1996</b>
4. FEI Number <b>62-1077437</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**BENNETT, JULIAN ESQ.**  
**112 E. THIRD COURT**  
**PANAMA CITY FL 32402**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 **X N/A** (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **X N/A**

12. OFFICERS AND DIRECTORS

TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	HAREN, FRANK E SR.	
STREET ADDRESS	145 COUNTY ROAD 529	
CITY - ST - ZIP	ETOWAH TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAREN, FRANK E JR.	
STREET ADDRESS	136 COUNTY ROAD 529	
CITY - ST - ZIP	ETOWAH TN	
TITLE	<del>S</del>	<input type="checkbox"/> DELETE
NAME	BERRY, DANIEL L	
STREET ADDRESS	1073 WHITE OAK AVE	
CITY - ST - ZIP	MARYVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FONTENOT, FRAN R	
STREET ADDRESS	561 COUNTY ROAD 500	
CITY - ST - ZIP	ENGLEWOOD TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice President Berrv, Daniel L.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary Andrew R. Haren
5.3 STREET ADDRESS	145 CR 529
5.4 CITY - ST - ZIP	ETOWAH, TN 37331
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Frank E. Haren, Jr.** *Frank E Haren* Date **11/6/97** 423-263-5561  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)