

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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  
**1715 HWY. 411, NORTH ETOWAH TN 37331**

Mailing Address  
**P.O. BOX 350 ETOWAH TN 37331**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/27/1993**

4. FEI Number  
**62-1077437**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29 30

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  
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 *No Change* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>CEOC</b>	<input type="checkbox"/> DELETE
NAME	<b>HAREN, FRANK E SR.</b>	
STREET ADDRESS	<b>145 COUNTY ROAD 529</b>	
CITY-ST-ZIP	<b>ETOWAH TN</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HAREN, FRANK E JR.</b>	
STREET ADDRESS	<b>136 COUNTY ROAD 529</b>	
CITY-ST-ZIP	<b>ETOWAH TN</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BERRY, DANIEL L.</b>	
STREET ADDRESS	<b>1073 WHITE OAK AVE</b>	
CITY-ST-ZIP	<b>MARYVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FONTENOT, FRAN R</b>	
STREET ADDRESS	<b>661 COUNTY ROAD 500</b>	
CITY-ST-ZIP	<b>ENGLEWOOD TN</b>	
TITLE	<b>S HAREN</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREW R. HAREN</b>	
STREET ADDRESS	<b>145 CR S29</b>	
CITY-ST-ZIP	<b>ETOWAH TN</b>	
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	<b>Berry, Daniel L.</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Haren, Andrew R.</b>
5.3 STREET ADDRESS	<b>169 County Road 529</b>
5.4 CITY-ST-ZIP	
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 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 To [Signature]* 11/11/98 1128 062 511

CR2E034 (10/97)