

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90103 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000001986**

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** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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: **N/A**

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: **N/A** DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CEOC</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>HAREN, FRANK E SR.</b>		1.2 NAME	<b>T Frank Haren, Sr.</b>
STREET ADDRESS: <b>145 COUNTY ROAD 529</b>		1.3 STREET ADDRESS	<b>145 CA 529</b>
CITY-ST-ZIP: <b>ETOWAH TN</b>		1.4 CITY-ST-ZIP	<b>Etowah, TN</b>
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HAREN, FRANK E JR.</b>		2.2 NAME	
STREET ADDRESS: <b>136 COUNTY ROAD 529</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ETOWAH TN</b>		2.4 CITY-ST-ZIP	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BERRY, DANIEL L</b>		3.2 NAME	
STREET ADDRESS: <b>1073 WHITE OAK AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>MARYVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE: <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>FONTENOT, FRAN R</b>		4.2 NAME	
STREET ADDRESS: <b>561 COUNTY ROAD 500</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ENGLEWOOD TN</b>		4.4 CITY-ST-ZIP	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HAREN, ANDREW R</b>		5.2 NAME	
STREET ADDRESS: <b>169 COUNTY ROAD 529</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ETOWAH TN</b>		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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, with all other like empowered.

SIGNATURE: **Frank E. Haren, Sr.** 1-5-99 423-263-5561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)