FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J32071 (9)HARMON CONSTRUCTION COMPANY, INC. Mailing Address Principal Place of Business C/O JOSEPH HARMON C/O JOSEPH HARMON RT. 4. BOX 295-F RT. 4. BOX 295-F DO NOT WRITE IN THIS SPACE CHIPLEY FL 32428 CHIPLEY FL 32428 3. Date Incorporated or Qualified 09/08/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2751861 Not Applicable 1655 OLD MILL ROAD 21 1655 OLD MILL ROAD Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 \$5.00 May Be Chifley, fl 32428 6. Election Campaign Financing CHÍPLEY, FL 32428 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARMON, JOSEPH BTXKROX ROOM 1655 OLD MILL RD Street Address (P.O. Box Number is Not Acceptable) CHIPLEY FL 32428 83 R4 City 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 for 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELICERS AND DIRECTORS 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition HARMON, JOSEPH W. NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CHIPLEY FL 14 CITY-ST-ZIP CITY - ST - ZIP Change Addition 2.1 TITLE TITLE HARMON, CLIFTON W. 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-S1-ZIP CHIPLEY FL 2 4 CITY-ST-ZIP Change Addition TITLE 3 1 TITLE HARMON, THOMAS L. 3.2 NAME NAME C-10 GARDEN APT. 3 3 STREET ADDRESS STREET ADDRESS MARIANNA FL 3.4. CITY-ST-ZiP CITY-ST-ZIP Change Addition DELF 1E TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE

6 3 STREET ADDRESS

6.4 CITY - ST - ZIP

**IGNATURE:** 

NAME

STREET ADDRESS

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. NAME OF S

1/26/98

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