1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J32071

HARMON CONSTRUCTION COMPANY, INC.								
Principal Plac	o of Rusiness	Mailing Addres						
Principal Place of Business Mailing Address 1655 OLD MILL RD 1655 OLD MILL RD CHIPLEY FL 32428 CHIPLEY FL 32428 US US						DO NOT WRITE IN TH	IS SPACE	,
		••	•			3. Date Incorporated or Qualifed 09/08/1986		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	I Ac	plied For
21 26		<u> </u>				59-2751861	No.	t Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & State			City & State		6. Election Campaign Financing	\$5.00	Мау Ве	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip		٠	Country		8. This corporation owes the current year	Intangible ☐ Yes	□No
24	25 25 Cur	29	30	0]		Personal Property Tax. 10. Name and Address of New Registere		[]140
	9. Name and Address of Cur	rent Registered Agen		81	Name	10. Italie and Address of New Kegister	A Aguitt	_
HAF	RMON, JOSEPH					Line (D.O. D. and Louis New Association)		_
1659			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
CHI	PLEY FL 32428			83		,		<u> </u>
\			84	City	FL ⁸		Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Flo	orida Statutes,	the above	-named c	orporation submits this statement for the purpose	of changing its	registered
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such cha ligations of, Section 60	ange was auth 7.0505, Florida	norized by a Statutes	the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate the statement of the purpose ration's board of directors.	ointment as re	gistered
SIGNATURE			_					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				egistered Agen	t signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	P	AND DIRECTORS	DELETE	1.1 TITLE	Т	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE NAME	HARMON, JOSEPH W.			1.2 NAME				
STREET ADDRESS	1655 OLD MILL RD		1.3 STREET ADDRESS					
CITY-ST-ZIP	CHIPLEY FL		1.4 CITY-ST-ZIP					
TITLE	VPT DELETE		2.1 TITLE			☐ Change	Addition	
NAME	HARMON, CLIFTON W.			2.2 NAME				
STREET ADDRESS	1643 OLD MILL RD			2.3 STREET	ADDRESS			
CITY-ST-ZIP	CHIPLEY FL	+ <u>127</u> 4.		2.4 CITY-S	T-ZIP	المرافع يرين المسيحين المعاهد يرايدان		
TITLE	VPF		DELETE	3.1 TITLE	1		Change	☐ Addition
NAME	HARMON, THOMAS L.			3.2 NAME	ĺ			
STREET ADDRESS	C-10 GARDEN APT.		3.3 STREET	ADDRESS				
CITY-ST-ZIP	MARIANNA FL		DELETE	3.4. CITY+S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE		Ц	DELETE	4.1 TITLE		•	☐ Change	Addition
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET			•	
CITY-ST-ZIP			DELETE	4.4 CITY-S' 5.1 TITLE	1-214		☐ Change	Addition
NAME		_		5.2 NAME			_ ,	_
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE	 			0 4 TITL C	1			Addition
	į.		DELETE	6.1 TITLE	r.		Change	
NAME	-		DELETE	6.2 NAME			∐ Change	☐ Addison

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

2/18/99

Daytime Phone #

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90058 017 ***150.00