

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J40779 (7)**

1. Corporation Name
AARON HARPER CONSTRUCTION, INC.



Principal Place of Business: 368 CYPRESS ROAD, 6420 SUNNYSIDE DRIVE, OCALA FL 34472 US
Mailing Address: 368 CYPRESS ROAD, 6420 SUNNYSIDE DRIVE, OCALA FL 34472 US

3. Date Incorporated or Qualified: 10/29/1986
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business: 21 6085 Dixie Ave., 22 City & State: Fruitland Park, FL, 23 Zip: 34731, 24 Country: Lake
2a. Mailing Address: 26 6085 Dixie Ave., 27 City & State: Fruitland Park, FL, 28 Zip: 34731, 29 Country: Lake, 30

4. FEI Number: 59-2739664
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

9. Name and Address of Current Registered Agent: HARPER, AARON D., 6420 SUNNYSIDE DRIVE, LEESBURG FL 34748

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 6085 Dixie Ave., 83, 84 City: Fruitland Park, FL, 85 Zip Code: 34731

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARPER, AARON D.	
STREET ADDRESS	6420 SUNNYSIDE DRIVE.	
CITY - ST - ZIP	LEESBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARPER, LINDA	
STREET ADDRESS	6420 SUNNYSIDE DRIVE	
CITY - ST - ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6085 Dixie Ave
1.4 CITY - ST - ZIP	Fruitland Park, FL 34731
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6085 Dixie Ave.
2.4 CITY - ST - ZIP	Fruitland Park, FL 34731
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Linda C. Harper* Linda C. Harper V/Pres. 4/30/96 904-787-9031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)