

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90041 048 ***150.00

DOCUMENT # 178299

1. Corporation Name
HARPER MECHANICAL CORPORATION

Principal Place of Business

5401 BENCHMARK LN
SANFORD FL 32773
US

Mailing Address

ATTN: TAX DEPARTMENT
4 NORTHSORE CENTER
PITTSBURGH PA 15212
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1954

4. FEI Number

59-0711627

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

2a. Mailing Address

P.O. Box 1188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

EB- 4651

City & State

City & State

Houston, TX

Zip

Country

Zip

Country

77251-1188

USA

9. Name and Address of Current Registered Agent

CRAIG MONTGOMERY
5401 BENCHMARK LANE
SANFORD FL 32773

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE

NAME MARTIN A. KEYSER
STREET ADDRESS 4 NORTHSORE CENTER
CITY-ST-ZIP PITTSBURGH PA

TITLE VD ☐ DELETE

NAME MONTGOMERY, CRAIG
STREET ADDRESS 5401 BENCHMARK LANE
CITY-ST-ZIP SANFORD FL

TITLE DVP ☐ DELETE

NAME SANTORO, ALFONSE J
STREET ADDRESS 1401 AVE E
CITY-ST-ZIP RIVIERA BEACH FL

TITLE T ☐ DELETE

NAME FLECK, JAMES L
STREET ADDRESS 4 NORTHSORE CENTER
CITY-ST-ZIP PITTSBURGH PA

TITLE D ☒ DELETE

NAME BOYD, CHARLES L
STREET ADDRESS 24535 HALLWOOD COURT
CITY-ST-ZIP FARMINGTON HILLS MI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S Joseph A. Hrabik
4 Northshore Center
Pittsburgh, PA 15212

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: James L. Fleck, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

Daytime Phone #

CR2E034 (11/98)