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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 182219

(6)

1. Corporation Name

HADLEY CONTRACTING CO., INC.

Principal Place of Business

1215 MAIN STREET
PO BOX 476
HUMBOLDT TN 38343

Mailing Address

1215 MAIN STREET
PO BOX 476
HUMBOLDT TN 38343-0476



3. Date Incorporated or Qualified

12/17/1954

3a. Date of Last Report

06/18/1996

4. FEI Number

62-0628002

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GILKEY, WILLIAM W
LINCOLN & PARK
CLEARWATER FL 33516

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	PT	<input checked="" type="checkbox"/> DELETE
NAME	HADLEY, THOMAS E	
STREET ADDRESS	2475 LELATTA LN.	
CITY - ST - ZIP	HUMBOLDT TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HADLEY JR, J A	
STREET ADDRESS	JACKSON HIGHWAY	
CITY - ST - ZIP	HUMBOLDT TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HADLEY, THOMAS E.	
STREET ADDRESS	2475 LELATTA LN.	
CITY - ST - ZIP	HUMBOLDT TN	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HADLEY JR., J.A.	
STREET ADDRESS	JACKSON HIGHWAY	
CITY - ST - ZIP	HUMBOLDT TN	
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hadley, Thomas E.	
1.3 STREET ADDRESS	21 Bailey Lane	
1.4 CITY - ST - ZIP	Jackson, TN. 38305	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hadley, Jr., J.A.	
2.3 STREET ADDRESS	2923 Main Street	
2.4 CITY - ST - ZIP	Humboldt, TN. 38343	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hadley, Thomas E.	
3.3 STREET ADDRESS	21 Bailey Lane	
3.4 CITY - ST - ZIP	Jackson, TN. 38305	
4.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hadley, Jr., J. A.	
4.3 STREET ADDRESS	2923 Main Street	
4.4 CITY - ST - ZIP	Humboldt, TN. 38343	
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 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.

SIGNATURE:

J. A. Hadley Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED: Hadley, Jr. Secretary 4-30-97 901-784-9066

Date

Daytime Phone #

0499587

CR2E034 (9/96)