

18241999-90001-022-\$550.00-\$550.00

99.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

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

DOCUMENT # 182219

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

2. Principal Place of Business

21 2923 Main St., P.O.Box 476

2a. Mailing Address

26 2923 Main St., P.O.Box 476

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

28 City & State

Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

 GILKEY, WILLIAM W
 LINCOLN & PARK
 CLEARWATER FL 33516

3. Date Incorporated or Qualified

12/17/1954

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 owes the current year
Intangible Personal Property.☐ Yes☒ No

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

 J. A. Hadley Jr.
 Signature, type or printed name of registered agent and director if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-19-99

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HADLEY, THOMAS E	
STREET ADDRESS	21 BAILEY LANE	
CITY-ST-ZIP	JACKSON TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HADLEY JR, J A	
STREET ADDRESS	2923 MAIN STREET	
CITY-ST-ZIP	HUMBOLDT TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HADLEY, THOMAS E.	
STREET ADDRESS	21 BAILEY LANE	
CITY-ST-ZIP	JACKSON TN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HADLEY JR, J.A.	
STREET ADDRESS	2923 MAIN STREET	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE:

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

Date

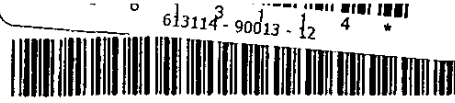
Daytime Phone #

8-31-99

901-784-9066

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90001 022 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)