

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90167 050 ***158.75

DOCUMENT # 411277

1. Corporation Name

HARLIS R. ELLINGTON CONSTRUCTION, INC.

Principal Place of Business

P.O. BOX 257
LAKE BUTLER FL 32054

Mailing Address

P.O. BOX 257
LAKE BUTLER FL 32054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1972

4. FEI Number

59-1423747

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVISON, LARRY L.
HWY 100 WEST
LAKE BUTLER FL 32054

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLINGTON, MARY ALICE	
STREET ADDRESS	SR 100 WEST	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	1V	<input type="checkbox"/> DELETE
NAME	ELLINGTON, HARLIS R JR	
STREET ADDRESS	C 231 N. P.O. BOX 603 N/A	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	2V	<input type="checkbox"/> DELETE
NAME	DAVISON, LARRY L.	
STREET ADDRESS	C 231 N. RT. 3 BOX 13	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVISON, PAULETTE E.	
STREET ADDRESS	C 231 N. RT. 3 BOX 13	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELLINGTON, MELANIE J.	
STREET ADDRESS	C 231 N. P.O. BOX 603 N/A	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Melanie J. Ellington*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie J. Ellington

4/19/99

Date

904-496-4868

Daytime Phone #

CR2E034 (11/98)