PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 853980

1. Corporation Name

HARDING	G ERECTORS, INC.			I SERIERI PRINCI RIVER ANNO PRINCI ARRIVATE ARRIVATE RIVERI	######################################	
Principal Place	e of Business	Mailing Address		['imii migit atati kinti nimit inni	
1567 BEAVER RUIN ROAD 1567 BEAVER RUIN ROAD						
P.O. BOX 1106 P.O. BOX 1106						
NORCROSS GA 30091 NORCROSS GA 30091				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed	-	
				09/03/1982		
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21		26		58-1460055	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		City & State	6. Election Campaign Financing \$5.00 May Be		\$5.00 May Be	
23 28		28	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation owes the current year in		
24	25	29 3	o	Personal Property Tax.	☐ Yes ☐ No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525			83			
			84 City	<u> </u>	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						
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-harmed corporation studies this statement of the purpose of changing is 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.						
	m lamiliar with, and accept the obligat	ions or, occitor our toda, mone	a Otbiolos.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature require	d when reinstating) . DATE		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	1 1 1	☐ Change ☐ Addition	
NAME	DONNELLY, RICK		1.2 NAME			
STREET ADDRESS	BALD RIDGE MARINA RD		1.3 STREET ADDRESS			
	CUMINGS GA		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	ST	☐ DELETE	2.1 TITLE	A LANGE OF THE	☐ Change ☐ Addition	
NAME	WILSON, CARLENE	_	2.2 NAME			
	SO TERRACE DR		2.3 STREET ADDRESS	į -	an 1 , a 1	
STREET ADDRESS	·		1			
CITY-ST-ZIP	ATLANTA GA	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	144.47	Change Addition	
TITLE	1	Deterio				
NAME	SIEBOLD, ROBERT		3.2 NAME			
STREET ADDRESS	9395 RIVERCLUB PKWY		3.3 STREET ADDRESS			
CITY-ST-ZIP	DULUTH GA		3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 TITLE		Change Dividion	
NAME			4. 2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		· · ·	4.4 CITY-ST-ZIP			
TITLE	:	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	•	·	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		'	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	

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.

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90032 021 ***150.00