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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # F94000001461

1. Corporation Name

GERALD DAVID ORR CONTRACTING, INC.

Principal Place of Business

P.O. BOX 1216
OLD SWEETWATER RD.
ROBBINSVILLE NC 28771

Mailing Address

P.O. BOX 1216
OLD SWEETWATER RD.
ROBBINSVILLE NC 28771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

56-1686598

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

21 Box 406 Co Rd 516

Suite, Apt. #, etc.

22 Englewood, TN

City & State

23 37329 McMinn

Zip Country

24 25

2a. Mailing Address

26 P.O. Box 927

Suite, Apt. #, etc.

27 Englewood, TN

City & State

28 37329 McMinn

Zip Country

29 30

9. Name and Address of Current Registered Agent

BUTTERS, PAULA
2004 N. KENANSVILLE RD.
KENANSVILLE FL 34739

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 P ☐ DELETE

NAME ORR, GERALD D
STREET ADDRESS P.O. BOX 1216, OLD SWEETWATER RD. N/A
CITY-ST-ZIP ROBBINSVILLE NC 28771

TITLE V ☐ DELETE

NAME ORR, KEVIN
STREET ADDRESS P.O. BOX 1216, OLD SWEETWATER RD. N/A
CITY-ST-ZIP ROBBINSVILLE NC 28771

TITLE S ☐ DELETE

NAME CARVER, IRENE C
STREET ADDRESS RT 1, BOX 169
CITY-ST-ZIP ROBBINSVILLE NC 28771

TITLE T ☐ DELETE

NAME RUSSELL, BURCH
STREET ADDRESS BOX 465, 509 KALE AVE
CITY-ST-ZIP ENGLEWOOD TN 37329

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ORR, GERALD D
1.3 STREET ADDRESS P.O. Box 927
1.4 CITY-ST-ZIP Englewood, TN 37329

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Co-VP
2.3 STREET ADDRESS Orr, Kevin
2.4 CITY-ST-ZIP P.O. Box 927
Englewood, TN 37329

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME IRENE C ORR
3.3 STREET ADDRESS P.O. Box 927
3.4 CITY-ST-ZIP Englewood, TN 37329

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME CARVER, James J, III
4.3 STREET ADDRESS P.O. Box 399
4.4 CITY-ST-ZIP Robbinsville, NC 28771

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Russell, Burch
5.3 STREET ADDRESS Box 465, 509 Kale Ave
5.4 CITY-ST-ZIP Englewood, TN 37329

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. Orr (Sec) 4/15/99 423.263.4365
Date Daytime Phone #

CR2E034 (11/98)