

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90164 041 ***150.00

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DOCUMENT # F94000004212

1. Entity Name
HARPER ELECTRIC CONSTRUCTION INCORPORATED

Principal Place of Business Mailing Address
P.O. BOX 698 P.O. BOX 698
ANDALUSIA AL 36420 ANDALUSIA AL 36420

733250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **63-0779394** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WHITFIELD, CLARENCE
623 FORTE ST.
MILTON FL 32570

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HARPER, RICHARD C	
STREET ADDRESS	RT 7 BOX 266	
CITY-ST-ZIP	ANDALUSIA AL 36420	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARPER, RICHARD M	
STREET ADDRESS	ROUTE 5, BOX 105	
CITY-ST-ZIP	ANDALUSIA AL 36420	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARPER, JOHNNY F	
STREET ADDRESS	P.O. BOX 1673 (MOORE RD)	
CITY-ST-ZIP	ANDALUSIA AL 36420	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAUGHON, CHARLOTTE H	
STREET ADDRESS	113 FUQUA CT.	
CITY-ST-ZIP	ANDALUSIA AL 36420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte Maughon* SECRETARY MARCH 22, 2001 334 222 7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)