## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

F95000001576 (6)

**FILED** Jan 22 1998 8:00am Secretary of State

	HARPE	R CONSTRUCTION, IN	<b>C</b> .						
Principal Place of Business Mailing Address						1 (80)(00 )    1010]	. 18 80 101 80 100 1100 1	81111 1 <b>8818 0</b> 81 1881	
10		ISIDE SOUARE	PO BPX 708 SHELBYVILLE TN 37160* US	PO BPX 708 SHELBYVILLE TN 37160*		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 04/03/1995			
2.	Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	$\dashv$
21			26	26		61-0712651	-	Not Applicable	
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8	.75 Additional	_
22	-		27			5. Certificate of Status Desired	.—	ee Required	
23	City & State	θ	City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees	
==1	Zip	Country	Zip	Country		8. This corporation owes or has pai			닉
24		25 29 * 37162 30				Personal Property Tax due June			
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg			ᅥ
		CORPORATION SYSTEMS		81	Name				٦
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Addr	ess (P.O. Box Number is Not Acceptable	le)	<del></del>	٦
				83	<del> </del>				┪
				84	City	<del></del>	FL 85	Zıp Code	ᅱ
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									
					nt signatura requir	ad when reinstating)	DATE		
12.			S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	╛
TITLE	i	VTCD	☐ DELETE	1.1 TITLE			☐ Ch	nange 🔲 Addition	a
NAMI		HARPER, J. T.		1.2 NAME					
	ET ADDRESS	616 NORTHMEW		1.3 STREET	ADDRESS				
	-ST-ZIP	PADUCCAH KY		1.4 CITY-ST	- ZIP				┙
TITLE		REED, BENNY	☐ DELETE	21 TITLE			∐ Ch	ange L. Addition	١
NAME	AAAR OFODOFTOURLLAND		NE	2.2 NAME					-
	MINEDECODARA TA		116	2.3 STREET ADDRESS					-
TITLE			DELETE	2. 4 C/TY - ST - Z/P 3.1 1/TLE			Псь	ange Addition	$\vdash$
NAME		YOUNGBLOOD, PEGGY					1 VII	ange L3 Addition	1
	ET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS .				ſ
	-ST-ZIP	QUELDVAILLE TAL		3.4. CITY-S					
TITLE	<del></del>	VICD	DELET <b>E</b>	4.1 TITLE	1 211		Ch	ange Addition	↲
NAME	.	HARPER, J T	•	4. 2 NAME					
STREE	ET ADDRESS	4141 BUCKNESS LANE		4.3 STREET	ADDRESS				
CITY-	-ST-ZIP	PADUCAH KY		4.4 CITY-ST	- 2iP				-
TITLE		D	DELETE	5.1 TITLE			☐ Cha	ange Addition	7
NAME	:	SHUEMAKER, MARGEE		5.2 NAME					
STAEE	ET ADDRESS	133 KRISTEN COVE STR	EET	5.3 STREET A	ADDRESS				1
CITY-	-ST-ZIP	PADUCAH KY		5.4 CITY-ST	- ZIP				
TITLE				6.1 TITLE			Cha	ange Addition	, ]
NAME				6.2 NAME					
STREET ADDRESS 6.3					IDDRESS	·			
СПУ	OT 710			0.4.0074.07	I				

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.