

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  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90018 031 \*\*\*150.00

DOCUMENT # F95000001576

1. Corporation Name  
HARPER CONSTRUCTION, INC.

Principal Place of Business

107-B SOUTHSIDE SQUARE  
SHELBYVILLE TN 37160

Mailing Address

PO BOX 708  
SHELBYVILLE TN 37162  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

61-0712651

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 VTCD ☐ DELETE  
NAME HARPER, J. T.  
STREET ADDRESS 616 NORTHVIEW  
CITY-ST-ZIP PADUCAH KY

TITLE V ☐ DELETE  
NAME REED, BENNY  
STREET ADDRESS 1437 GEORGETOWN LANE  
CITY-ST-ZIP MURFREESBORO TN

TITLE S ☐ DELETE  
NAME YOUNGBLOOD, PEGGY  
STREET ADDRESS 1018 UNION STREET  
CITY-ST-ZIP SHELBYVILLE TN

TITLE D ☐ DELETE  
NAME SHUEMAKER, MARGEE  
STREET ADDRESS 133 KRISTEN COVE STREET  
CITY-ST-ZIP PADUCAH KY

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 PD ☐ Change ☒ Addition  
1.2 NAME NEWTON, ROBERT R.  
1.3 STREET ADDRESS 1404 WEST LANE STREET  
1.4 CITY-ST-ZIP SHELBYVILLE, TN 37160

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

1/14/99 931-684-4563

Date

Daytime Phone #

CR2E034 (1/198)