2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9500001576 1. Entity Name HARPER CONSTRUCTION, INC.				Jan 31, 2000 8:00 am Secretary of State
Principal Place of Business 107-B SOUTHSIDE SQUARE SHELBYVILLE IN 37160 2. Principal Place of Business		Mailing Address PO 8PX 708 SHELBYVILLE TN 37162 US 3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 61-0712651 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
		الرادين بالمرابية بالمعالجة المعلمية	Name	The second secon
1200	CORPORATION SYSTEMS SOUTH PINE ISLAND ROAD NTATION FL 33324		Street Ad	Address (P.O. Box Number is Not Acceptable)
Tax filling	Signature, typed or printed name of registered agenoration is eligible to satisfy its Intangible requirement and elects to do so.	e FILE NOW!!	! FEE IS \$150.0 0 Fee will be \$55	550.00 Trust Fund Contribution. Added to Fees
41: 1	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Vice President
NAME STREET ADDRESS CITY, ST-ZIP	PD NEWTON, ROBERT R 1404 W. LN ST SHELBYVILLE TN 37160	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joe Fulks, Jr. 320 Brentwood Oaks Drive Nashville, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REED, BENNY 1437 GEORGETOWN LANE MURFREESBORO TN	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Operations Change Additional James Siener 12 Black River Rd. Paducah, KY 42044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNGBLOOD, PEGGY	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Treasurer, Vice Pres. Billy Harper - 616 Northview Paducah, KY 42001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUEMAKER, MARGEE 133 KRISTEN COVE STREET PADUCAH KY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
NAME TITLE STREET ADDRESS CITY-ST-ZIP	ميد وهده بعدي مدين بيا و مها هيد	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change . Addi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi

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 arraddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date SIGNATURE:

FILED