

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

DOCUMENT # F98000001896

1. Corporation Name

WIREGRASS CONSTRUCTION COMPANY, INC.

Principal Place of Business

PO BOX 1128
OZARK AL 36361

Mailing Address

PO BOX 1128
OZARK AL 36361

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90078 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

63-0483677

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

9. Name and Address of Current Registered Agent

HARPER, JOHN
10254 E. COUNTY HWY #38, HIGHPOINT #124
PANAMA CITY BEACH FL 32413

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 PD ☐ DELETE

NAME HARPER, JOHN L
STREET ADDRESS 404 MONTEZUMA ST.
CITY-ST-ZIP DOTHAN AL 36303

TITLE V ☐ DELETE

NAME EPPERSON, RANDALL S
STREET ADDRESS 105 BUCKHEAD DR.
CITY-ST-ZIP HEADLAND AL 36345

TITLE S ☐ DELETE

NAME BOUTERSE, SHAUNA Y
STREET ADDRESS RT 1 BOX 100-A
CITY-ST-ZIP ARLTON AL 36311

TITLE DC ☐ DELETE

NAME HARPER, HENRY J
STREET ADDRESS 300 HUNTER TRAIL
CITY-ST-ZIP PIKE ROAD AL 36064

TITLE DC ☐ DELETE

NAME HARPER, FRANCES L
STREET ADDRESS 300 HUNTER TRAIL
CITY-ST-ZIP PIKE ROAD AL 36064

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (1/98)