

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90002 046 ***150.00

DOCUMENT # F98000001896

1. Entity Name

WIREGRASS CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

PO BOX 1128
 OZARK AL 36361

PO BOX 1128
 OZARK AL 36361-1128

2. Principal Place of Business

Route 1, Box 198A

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 48

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ariton, Alabama

City & State

Ariton, Alabama

4. FEI Number

63-0483677

Applied For

Not Applied For

Zip
 36311

Country
 USA

Zip
 36311

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HARPER, JOHN~~

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

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD HARPER, JOHN L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, JOHN L	NAME	
STREET ADDRESS	404 MONTEZUMA ST.	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36303	CITY-ST-ZIP	
TITLE	V EPPERSON, RANDALL S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPERSON, RANDALL S	NAME	
STREET ADDRESS	105 BUCKHEAD DR.	STREET ADDRESS	
CITY-ST-ZIP	HEADLAND AL 36345	CITY-ST-ZIP	
TITLE	S BOUTERSE, SHAUNA Y <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTERSE, SHAUNA Y	NAME	
STREET ADDRESS	RT 1 BOX 100-A	STREET ADDRESS	
CITY-ST-ZIP	ARITON AL 36311	CITY-ST-ZIP	
TITLE	DC HARPER, HENRY J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, HENRY J	NAME	
STREET ADDRESS	300 HUNTER TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PIKE ROAD AL 36064	CITY-ST-ZIP	
TITLE	DC HARPER, FRANCES L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, FRANCES L	NAME	
STREET ADDRESS	300 HUNTER TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PIKE ROAD AL 36064	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #