

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J40779 (7)

1. Corporation Name

AARON HARPER CONSTRUCTION, INC.



Principal Place of Business

368 CYPRESS ROAD
6420 SUNNYSIDE DRIVE
OCALA FL 34472
US

Mailing Address

368 CYPRESS ROAD
6420 SUNNYSIDE DRIVE
OCALA FL 34472
US

3. Date Incorporated or Qualified
10/29/1986

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

21 6085 Dixie Ave.

Suite, Apt. #, etc.

22

City & State

23 Fruitland Park, FL

Zip

24 34731

Country

25 Lake

2a. Mailing Address

26 6085 Dixie Ave.

Suite, Apt. #, etc.

27

City & State

28 Fruitland Park, FL

Zip

29 34731

Country

30 Lake

4. FEI Number

59-2739664

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARPER, AARON D.
6420 SUNNYSIDE DRIVE
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6085 Dixie Ave.

83

84 City

Fruitland Park

FL

85 Zip Code

34731

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 registrant, agent and their respective offices

Signature typed or printed name of registrant, agent and their respective offices

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

HARPER, AARON D.
6420 SUNNYSIDE DRIVE.
LEESBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

HARPER, LINDA
6420 SUNNYSIDE DRIVE
LEESBURG FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

6085 Dixie Ave
Fruitland Park, FL 34731

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

6085 Dixie Ave
Fruitland Park, FL 34731

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Linda C. Harper v Pres. 4/30/96 904-787-9031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (12/95)