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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02571 (8)

1. Corporation Name
HARMONY CONSTRUCTION CORPORATION OF LOUISIANA

| Principal Place of Business | Mailing Address |
|---|---|
| 8687 UNITED PLAZA BLVD<br>P O BOX 2750<br>BATON ROUGE LA 70821-9750 | 8687 UNITED PLAZA BLVD<br>P O BOX 2750<br>BATON ROUGE LA 70821-9750 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 8687 United Plaza Blvd | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 Suite 500 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Baton Rouge, LA | City & State<br>28 |
| Zip / Country<br>24 70809 / 25 | Zip / Country<br>29 70821-2750 / 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/02/1984 | 3a. Date of Last Report: 06/01/1994 |
| 4. FEI Number: 72-0774183 | ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCCOLLISTER, D.L. | 1.2 NAME | |
| STREET ADDRESS | 8824 TALLYHO AVENUE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BATON ROUGE LA | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | BARBACK, L.M. | 2.2 NAME | |
| STREET ADDRESS | 13536 SHADY RIDGE | 2.3 STREET ADDRESS | 5656 Hogansville St |
| CITY-ST-ZIP | BATON ROUGE LA | 2.4 CITY-ST-ZIP | Baton Rouge, LA 70817 |
| TITLE | ST | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | GRIFFON, L.J. JR | 3.2 NAME | |
| STREET ADDRESS | 2319 ASPENWOOD DRIVE | 3.3 STREET ADDRESS | 6113 Hagerstown Dr |
| CITY-ST-ZIP | BATON ROUGE LA | 3.4 CITY-ST-ZIP | Baton Rouge, LA 70817 |
| TITLE | CD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | TURNER, B.S. | 4.2 NAME | |
| STREET ADDRESS | 741 DELGADO DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BATON ROUGE LA | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOUPS, R.M. | 5.2 NAME | |
| STREET ADDRESS | 1021 OAKLEY DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BATON ROUGE LA | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | CARPENTER, D.R. | 6.2 NAME | |
| STREET ADDRESS | 11260 SHERATON DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BATON ROUGE LA | 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)(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.

**SIGNATURE:** _____ 4/26/95 504 922 5050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
L J Griffon Jr

0472183 FP