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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:39

DOCUMENT # P23936 (8)

1. Corporation Name
HAROLD WEST CONTRACTORS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 472 LAUREL MS 39441	P O BOX 472 LAUREL MS 39441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1989
3a. Date of Last Report: 01/25/1994
4. FEI Number: 64-0535858 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
PD	WEST, HAROLD D., SR. RTE. 12, BOX 636 LAUREL MS	☐ Change ☐ Addition
VD	WEST, H. DANNY, JR. RTE. 3, BOX 160-A LAUREL MS	☐ Change ☐ Addition
STD	WEST, ANNA F. RTE. 12, BOX 636 LAUREL MS	☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

14. I declare (or certify, verify or affirm) that the information contained herein and attached is true and correct to the best of my knowledge and belief, and that I am authorized to sign this report. For penalty, see Section 817.155, 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 12 or Block 13 if changed or added above.

SIGNATURE: Anna Faye West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anna Faye West - Secretary/Treasurer

1-11-95 (601) 428-5237
Date Daytime Phone #

0400200 FN