

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P34972 (0)
1. Corporation Name
JACK B. HARPER CONTRACTOR, INC.

96 MAY 10 PH 3:49
with



Principal Place of Business: **70393 BRAVO STREET COVINGTON LA 70433 US**
Mailing Address: **P.O. BOX 309 NA MANDEVILLE LA 70470-0309 US**

3. Date Incorporated or Qualified: **08/02/1991**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **72-1180277**
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. City & State
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. City & State

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
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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. Thereby, 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 that of the corporation. (Do not sign as agent if you are not a resident of Florida.)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	HARPER, JACK B.	
STREET ADDRESS	70393 BRAVO STREET	
CITY- ST- ZIP	COVINGTON LA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, CRAIG B.	
STREET ADDRESS	70393 BRAVO STREET	
CITY- ST- ZIP	COVINGTON LA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, CRAIG B.	
STREET ADDRESS	70393 BRAVO STREET	
CITY- ST- ZIP	COVINGTON LA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAXTER, MONICA E.	
STREET ADDRESS	70393 BRAVO STREET	
CITY- ST- ZIP	COVINGTON LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	900001827179
13. STREET ADDRESS	-05/17/96--01088--018
14. CITY- ST- ZIP	****200.00 ****200.00
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	900001827179
23. STREET ADDRESS	-05/17/96--01088--018
24. CITY- ST- ZIP	*****25.00 *****25.00
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY- ST- ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 or 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: *Monica E. Baxter* Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 (504) 892-6500
Date Daytime Phone #

CR2E034 (12/95)