

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jan 29, 1999 8:00am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P39925

1. Corporation Name  
J. S. HAREN COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
123 WASHINGTON AVE.  
PO BOX 450  
ATHENS TN 37371  
US

Mailing Address  
123 WASHINGTON AVE.  
PO BOX 450  
ATHENS TN 37371  
US

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

3. Date Incorporated or Qualified	08/05/1992
4. FEI Number	62-1453365
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MARSH & MCLENNAN, INC.  
J. S. 5300 W. CYPRESS ST.  
SUITE 200  
TAMPA FL 33623-3705

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

FL

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAREN, J. S.	
STREET ADDRESS	123 WASHINGTON AVE.	
CITY-ST-ZIP	ATHENS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREEN, CASSANDRA L.	
STREET ADDRESS	123 WASHINGTON AVE.	
CITY-ST-ZIP	ATHENS TN	
TITLE	MARSH & MCLENNAN, INC.	<input type="checkbox"/> DELETE
NAME	J. S. 5300 W. CYPRESS ST.	
STREET ADDRESS	SUITE 200	
CITY-ST-ZIP	TAMPA FL 33623-3705	
TITLE	123 WASHINGTON AVE.	<input type="checkbox"/> DELETE
NAME	123 WASHINGTON AVE.	
STREET ADDRESS	123 WASHINGTON AVE.	
CITY-ST-ZIP	ATHENS TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAREN, J. S.	
STREET ADDRESS	123 WASHINGTON AVE.	
CITY-ST-ZIP	ATHENS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREEN, CASSANDRA L.	
STREET ADDRESS	123 WASHINGTON AVE.	
CITY-ST-ZIP	ATHENS TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	62-1453365	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	08/05/1992	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	62-1453365	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE Cassandra L. Green CASSANDRA L. Green 1-12-99 423-745-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR