

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90024 033 \*\*\*150.00



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

PROFIT CORPORATION ANNUAL REPORT  
**1999**

DOCUMENT # **V26828**  
 1. Corporation Name  
**HARDING CONSTRUCTION SERVICES, INC.**



Principal Place of Business Mailing Address  
 5544 FAIRFAX DRIVE 5544 FAIRFAX DRIVE  
 ORLANDO FL 32812 ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/07/1992**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
**1730 S. Federal Hwy** **2509 Plantside Dr.** **59-3110795** Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**HARDING, NEAL** 81 Name **Neal Harding**  
**5544 FAIRFAX STREET** 82 Street Address (P.O. Box Number is Not Acceptable)  
**ORLANDO FL 32812** **1730 S. Federal Hwy # 275**  
 83  
 84 City **Delray Beach** FL 85 Zip Code **33483**

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 **(Address change only)**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARDING, NEAL</b>		1.2 NAME <b>Neal Harding</b>	
STREET ADDRESS <b>5544 FAIRFAX STREET</b>		1.3 STREET ADDRESS <b>1730 S. Federal Hwy #275</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP <b>Delray Beach, FL 33483</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Neal Harding** 7-15-99 502 493-8858

CR2E034 (5/99)

596546-90024-33  
V26828

July 20, 1999

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Harding Construction Services, Inc.  
EIN: 59-3110795

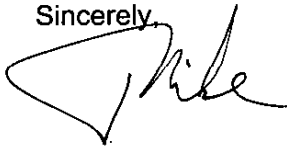
Dear Department of State:

The above referenced taxpayer recently received a "2<sup>nd</sup> Notice" for the attached 1999 Profit Corporation Annual Report. For some reason we never received the first notice. Earlier this year, the office was moved from Orlando to Delray Beach. This may be why the first preprinted form was never received.

I spoke to someone in your office and explained the situation and they said to attach a letter of explanation and the late fee would be waived.

Thank you very much for your consideration in this matter and we sincerely apologize for any inconvenience this may have caused.

Sincerely,



Mike Baughman, CPA