

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90125 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P11179

1. Corporation Name
HUNTER ENGINEERS AND CONSTRUCTORS, INC.

Principal Place of Business
**6000 SOUTH PORT RD.
 PORTAGE IN 46368**

Mailing Address
**6000 SOUTH PORT RD.
 PORTAGE IN 46368**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1986

4. FEI Number
34-0861198

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AST	<input type="checkbox"/> DELETE
NAME	SIMON, P C JR	
STREET ADDRESS	1695 GRAHAM DR	
CITY-ST-ZIP	CHESTERTON IN 46304	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	OSHINSKI, JERRY P	
STREET ADDRESS	1882 NORTH WOZNAK ROAD	
CITY-ST-ZIP	MICHIGAN CITY IN 46360	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SELMAN, KENNETH R	
STREET ADDRESS	336 NORTH 625 WEST	
CITY-ST-ZIP	VALPARAISO IN 46383	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	JONES, CHESTER	
STREET ADDRESS	610 WEST 350 SOUTH	
CITY-ST-ZIP	HEBRON IN 46341	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, RICHARD	
STREET ADDRESS	R.R. #1, 32ND COURT	
CITY-ST-ZIP	HOBART IN 46342	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPRAYREGEN, JOEL J	
STREET ADDRESS	444 NORTH MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *J. P. Oshinski* **REQUIRED** OSHINSKI 2/10/99 219-762-0200
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)