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

APPROVED AND FILED
95 APR 27 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32838 (5)

1. Corporation Name
HDR CONSTRUCTION CONTROL CORPORATION

Principal Place of Business	Mailing Address
5100 W. KENNEDY BLVD. 300 TAMPA FL 33609-1806 US	8404 INDIAN HILLS DR. OMAHA NE 68114-4049 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 47-0741232 ☐ 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

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 agent is an officer — REQUIRED when mandatory — Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☒ Addition
NAME	CAMPBELL, JAY A.	12 NAME		
STREET ADDRESS	5524 30TH STREET N.W	13 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	14 CITY-ST-ZIP	20015	
TITLE	S	21 TITLE		☐ Change ☒ Addition
NAME	PACHMAN, LOUIS J	22 NAME		
STREET ADDRESS	5008 CHICAGO ST	23 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	24 CITY-ST-ZIP	68132	
TITLE	PD	31 TITLE		☐ Change ☒ Addition
NAME	TWINING, THOMAS H.	32 NAME		
STREET ADDRESS	2574 REDWOOD WAY	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	36421	
TITLE	VD	41 TITLE	D/SVP	☒ Change ☒ Addition
NAME	MCCORMACK, RICHARD J.	42 NAME		
STREET ADDRESS	424 BOSPHORUS AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	33606	
TITLE	VD	51 TITLE		☒ Change ☒ Addition
NAME	WADSWORTH, WILLIAM H.	52 NAME		
STREET ADDRESS	108 SOUTH 114TH ST.	53 STREET ADDRESS	108 South Lincoln Ave	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	33609	
TITLE	T	61 TITLE		☐ Change ☒ Addition
NAME	JERABEK, ROBERT J.	62 NAME		
STREET ADDRESS	1606 SOUTH 114TH ST.	63 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE	64 CITY-ST-ZIP	68144	

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)(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: [signature] R. J. Jerabek, Treasurer 4/21/95 (402)399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0478144 FP