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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 28 1997 8:00am

Secretary of State

. J. 1809J.I. GABAL POOK ONDAL DOKKO IBBIL DIRAK ONDAL OKOKE EKOM DEDAL BEGER DIDIK EDDAL

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

SIGNATURE:

474094

(0)

HEDRON CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address													
•								1 74417 4147 1441 41414 41414	• • • • • • • • • • • • • • • • • • • •	41411 414II		.,	•
303 OAK HILL ALTAMONTE S			303 OAK HILL DRIVE ALTAMONTE SPGS FL 32701-8247										
								[ Date   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	:::)	Ta. D		<u></u>	
							3	Date Incorporated or Qual	itied	1	ate of Last	,	
2. Principal Pi	ace of Business	2a. Mailing	Address					04/15/1975 FEI Number		<u>  U4</u>	<u>/24/1996</u>	) Applied F	
21	ace of Eddiness	26	, Address				"	59-1615032				Not Appli	***********
Suite, Apt a	#, etc		Apt. #, etc.				<del> </del>	38-10 13032				Addition	_
22		27	4				5	<ul> <li>Certificate of Status Desire</li> </ul>	ıd		<b>4</b>	Required	
City & State	;	City &	State	***************************************			6	. Election Campaign Financ	ina			May B	
23		28					-	Trust Fund Contribution	9			to Fees	
Zip	Country	Zip		Cour	ntry		8	. This corporation has liabiti	ty for in	ntangible	tax under	s. 199.00	32,
24	25	29		30				Florida Statutes		Yes [			
	9. Name and Address of Curre	nt Registered A	gent		1		10	). Name and Address of Ne	w Reg	jistered	Agent		
	RDESTY, LAWRENCE E				81	Name							
	OAK HILL DR			1	82	Street A	ddress (	P.O. Box Number is Not Acc	eptable	e)			
ALT	AMONTE SPRINGS FL 32701			1	_								
					83								
				ŀ	84	City					85 Zir	Code	
										FL	•		
l office or re	o the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such	h change was	authorized	i bv	the corp	corporation's	on submits this statement for board of directors. I hereby	the pu	urpose of tithe apr	l changing pointment a	its regist s registe	tered red
agent Lar	າi fam⊪ar with, and accept the oblig	gations of, Sectio	in 607.0505, F	lorida Statu	utes			,					
SIGNATURE .							<del></del>				···		
12.	Signature, typied or printed name of registered a.  OFFICERS AN	ND DIRECTORS	ilic. (NC	TE Registered	Ager	nt signature r		an reinstating) ADDITIONS/CHANGES TO	OFFICE	DATE EDC AND	DIBECTO	DC IN 1	2
TITLE	P	AB DIRECTORS	DELETE	1.1 717	(F			ADDITIONS/CHANGES TO	OFFICE	ING AINE	Change		ddition
NAME	HARDESTY, LAWRENCE E.			1.1 ) N							Onange	L.J. Ni	Julion
STREET ADDRESS	303 OAK HILL DRIVE					ADDRESS							
CITY-S1-7IP	ALTAMONTE SPGS FL			1.4 CiT									
TITLE	S		DELETE	21 TIT		1 - 211					Change	T A	ddition
NAME	HARDESTY, SHARON R.		_	22 NA									
STREET ADDRESS	303 OAK HILL DRIVE					ADDRESS							
City-St-ZiP	ALTAMONTE SPGS FL			2.4 Cf									
TITLE		***************************************	DELETE	3 1 TIT	******				***************************************		Change	A/	ddition
NAME				3.2 NA	ME						_		
STREET ADDRESS				3 3 STI	REET	ADDRESS							
CITY-S*-7IP				3.4. CI	TY-S	1 - <b>2</b> iP							
TITLE			DELETE	4.1 TIT	LE						Change	Ar	ddition
NAME				4 2 NA	ME								
STREET ADDRESS				4.3 STI	REET	ADDRESS							
CITY-ST-7IP				4.4 CH	Y-\$1	r - 2)P		ď					
TITLE			DELETE	5.1 TIT	1E						Change	☐ Ar	ddition
NAME				5.2 NA	ME								
STREET ADDRESS				53 \$11	REET	ADDRESS							
CITY-ST-ZIP				5 4 CIT	Y-SI	r - ZIP							
TITLE			DELETE	6.1 TIT	LE						Change	Ar	ddition
NAME				6.2 NA	ME								
STREET ADDRESS				6 3 ST	REET	ADDRESS							
CHTY - ST - ZIP		1.41 P 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.4 CIT									
14. I do hereb	by cortify that the information supplied indicated on this applicated on this applied report or	ed with this filing supplemental an	does not qua	lify for the d	covi	ription state and	ated in S	ection 119.07(3)(i), Florida S	tatutes e legal	. I furthe	r certify the	it the	h that
I am an of	n indicated on this applial report or ficer or director of the corporation of	or the recorder	trus e empo	wered to e	Keci	ute this re	port as	required by Chapter 607, Flo	rida St	atutes; ε	ind that my	name	ii, iiiat
j appears ir	n Bluck 12 or Biog. 13 if changed, o	or on an artiacana	SA MICES BY	dress:				, ,					