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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90048 007 ***158.75

DOCUMENT # P32838

HDR CONSTRUCTION CONTROL CORPORATION

Principal Place	e of Business	Mailing Address				
5100 W. KENNE	DY BLVD.	8404 INDIAN HILLS DR.				
300		OHAMA NE 68114-4049			DO NOT WRITE IN THIS SPACE	
TAMPA FL 33809-1806 US		U\$			3. Date Ir corporated or Qualifed	
03					02/11/1991	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			47-0741232 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Cartifouts of Status Desired IV \$8.75 Additional	
22		27			5. Certificate of Status Desired LA Fee Recuired	
City & S.ate		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes	
24	25	<u> </u>	10		Personal Property Tax. Yes YJNo 10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent	
CT C	CORPORATION SYSTEM					
1200 S. PINE ISLAND ROAD			82	Street Ac	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			83			
	·		84	City	85 Zip Code	
					FL 100 245 0 200	
office ∢rre	to the provisions of S∈ctions 607.050. egistered agent, or bo:h, in the State m familiar with, and accept the obliga	ct Florida. Such change was aut	morizea by	tne corpora	crporation submi s this statement for the purpose of changing its registered ration's board of directors. I hereby accept the approintment as registered	
SIGNATURE	·					
···-	Signature, typed or printed name of registered ager			nt signature requ	ADDITI()NS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		DIRECTORS DELETE	1.1 TITLE		Change Addition	
TITLE	D NAME AND ADDRESS OF THE PARTY	□ bereie		1		
NAME	DOWD, WILLIAM M.		1.2 NAME			
STREET ADDRESS	12850 BINNEY STREET			TADDRESS		
CITY-ST-ZIP	OMAHA NE 68164	□ DELETE	1.4 CITY- S 2.1 TITLE	1-219	☐ Change ☐ Addition	
TITLE	S DACUMANI LOLBO I	C) DCCCIC	2.2 NAME			
NAME	PACHMAN, LOUIS J			TADDRESS		
STREET ADORESS	5008 CHICAGO ST					
CITY-ST-ZIP	OMAHA NE	□ DELETE	2.4 CITY-1	51-21	☐ Change ☐ Addition	
TITLE	WENDY LIACEV		3.2 NAME		_ · _	
NAME	WENDY L LACEY 6804 N. 106TH CIRCLE		1	TADDRESS		
STREET ADDRESS	OMAHA NE 68122		3 4. CITY-	1		
CITY-ST-ZIP TITLE	DSVP	☐ DELETE	4 1 TITLE	51-20	☐ Change ☐ Addition	
NAME	WADSWORTH, WILLIAM H.	<u></u>	4 2 NAME			
STREET ADDRESS				T ADDRESS		
Ì	TAMPA FL 33611		4.5 STREE	į.		
CITY-ST-ZIP TITLE	PD	☐ DELETE	51 TITLE	-	☐ Change ☐ Addition	
NAME	KEEN, ERIC		5.2 NAME			
STREET ADDRESS	l		5.3 STREE	TADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		5 4 CITY-5	T-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	TERPENING, THOMAS B		6.2 NAME			
STREET ADDRESS	535 SPORTMAN PARK DR		6.3 STREE	TADDRESS	•	
SIREE (ADURE 33	SOU OF UNIMAIN FAIR DR		1			

14. I herety certify that the informa ion 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.

SIGNA	TURE
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