FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 380556

(1)

H & R BUILDERS, INC.

Principal	Place	of	Busin	ess

Mailing Address

5448 HOFFNER AVE STE 101 ORLANDO FL 32812 5448 HOFFNER AVE STE 101 ORLANDO FL 32812



				3. Date incorporated or Qualified 3a 04/15/1971	05/01/1995		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-1480563	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	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 has liability for intang			
24	25	29	30		No		
	9. Name and Address of Curre	ent Registered Agent	-	10. Name and Address of New Regis	tered Agent		
			81 Na	ime			
ZUKOSKI,RICHARD T 5448 HOFFNER AVE., STE. 101			82 Str	82 Street Acldress (P.O. Box Number is Not Acceptable)			
ORLAN	NDO FL 32812		83				
			84 Cit		85 Zip Code		
ı		·		·	FL		
or register	red agent, or both, in the State of Flo ith, and accept the obligations of, Se	rida. Such change was authori. ction 607.0505, Florida Statute	zed by the corporations.	od corporation submits this statement for the purpose on's board of directors. I hereby accept the appointm	nent as régistered agent. I am		
, <u></u>	Signature, typed or printed name of registered ago				DATE DIPERTORS IN 48		
12.	·,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER			
INLE	PSD THE PSD T	☐ DELETE	1. 1 TITLE		Change Addition		
NAME	ZUKOSKI,RICHARD T	- TPA	1.2 NAME				
STREET ADDRESS	10497 CROMWELL GROVI	: IER	1.3 STREET ADDR	ESS			
CITY-ST-ZIP	ORLANDO FL	······	1.4 CITY - ST - ZIP				
11TLE		☐ DELETE	2 1 TITLE		Change Addition		
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET ADDR	ESS			
CITY-ST-ZIP			2 4 CITY - ST - ZIP				
THILE		☐ DELET∂	3 1 THTLE		Change Addition		
NAME			3.2 NAME		ļ		
STREET ADDRESS			33 STREET ADDR	RESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP				
TIRE		DELETE	4 1 TITLE		Change Addition		
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET ADDR	ESS			
CITY+ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE		Change Addition		
NAME		\sim	5.2 NAME				
STREET ADDRESS		. 1	5.3 STREET ADDR	iESS			
CITY-ST-ZIF			54 CHY-ST-ZIP				
TITLE		DELETE	6 1 TITLE		Change Addition		
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDR	IESS			
CITY - ST - ZIP			6 4 CITY - ST - ZIP				
	by certify that the information supplied	with this filing is voluntarly fur		t qualify for the exemption stated in Section 119.07(3))(k), Florida Statutes. I further		

14. Ido hereby certify that the information supplied with this filing is voluntarly turnished and does not qualify for the exemption stated in Section 119.0/(3)(k). Florida Statutes. 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 og an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PHILIPED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/9