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

**PROFIT CORPORATION** ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## FILED May 08, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-08-1999 90082 013 \*\*\*150.00

r. Corporation	MENT # 420825 Y J. HINES BLDR., INC.								
Principal Place	e of Business	Mailing Address				-	11811 B1811 B1811	BIBIT BIBIT 1881	
303 N. BEN AV TEMPLE TERRA	ON DRIVE	303 N. BEN AVON DRIVE TEMPLE TERRACE FL 3361	17			DO NOT WRITE IN THE	20405		
				-	-	DO NOT-WRITE IN THIS	SPACE		7
						3. Date Incorporated or Qualifed			İ
						03/08/1973		- Cad Fa-	-
<b>─</b> ┐ `	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For ot Applicable	-
Suite, Apt.	# ata	Suite, Apt. #, etc.				59-1471216		Additional	1
— ''	#, etc.	27				5. Certifcate of Status Desired		equired	
City & State		City & State	_			6. Election Campaign Financing	\$5.00	May Be	1
23	•	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Coun			8. This corporation owes the current year In:	tangible		1
24	25	29	30			Personal Property Tax.	Yes	□No	
.=,:1	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent		]
				81	Name				
	ES, STANLEY J.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
	N. BEN AVON DRIVE								-
IEM	PLE TERRACE FL 33617			83					
				84	City		85 Zip	Code	1
			_	<u> </u>	•	FL	-		↓
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	d by t	-named corpo the corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as re	egistered	
SIGNATORE	Signature, typed or printed name of registered ager		<del></del>	d Agent	t signature required			000 (1) 40	وَ ا
12.		OFFICERS AND DIRECTORS 13			1	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	;
TITLE	P	DELETE 11						L. Addition	
NAME	HINES, STANLEY J.	•							5
STREET ADDRESS					ADDRESS				L
CITY-ST-ZIP				TY-ST	-ZIP		Change	Addition	1 5
TITLE	*	V DELETE 2.1T					onange		İ
NAME	HINES, WM. D.E. 22N 303 N. BEN AVON DR. 23S			ADDRESS					
STREET ADDRESS					,			1	
CITY-ST-ZIP TITLE			3.1 TI	ITY-ST	1-21		Change	☐ Addition	1
	_					'			
NAME ethcet addicee	HINES, CHARLENE ANN 303 N. BEN AVON DR.				ADDRESS				1
STREET ADDRESS	TEMPLE TERRACE FL			OTY-ST					ĺ
CITY-ST-ZIP TITLE	TEMPLE TERRACE IL	☐ DELETE	4.1 11		1-217		☐ Change	☐ Addition	1
NAME			1	IAMÉ					
STREET ADDRESS			ı		ADDRESS				
CITY-ST-ZIP				ITY-ST					
TITLE		☐ DELETE	5.1 Ti				Change	Addition	1
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				ITY-ST	ZIP				]
TITLE		☐ DELETE	6.1 ∏				☐ Change	Addition	
NAME			6.2 N						
	)		635	TREET	ADDRESS				1

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.

6.4 CITY-ST-ZIP