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PROFIT
CORPORATION
ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 507208

(7)

HAUFLER CONSTRUCTION COMPANY

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FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3700 A-100 NW 91ST STREET 3700 A-100 NW 91ST ST GAINESVILLE FL 82007-4638 **GAINESVILLE FL 32806** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1690954 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAUFLER, EUGENE 3700 A-100 N.W. 91ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32606 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and tele if applicable (NO1E Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change HAUFLER, OSCAR E. 1.2 NAME 7901 N.W. 39TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HAUFLER, EUGENE NAME 2.2 NAME 9001 N.W. 39TH AVE. STREET ADDRESS 2.3 STREET ADDRESS **Gainesville** fl CITY-ST-ZIP 2. 4 CITY-ST-ZIP STVD DELETE Change Addition TITLE 3.1 TITLE D/VP/S/T HAUFLER, DALE E. NAME 3.2 NAME **19,01 NW 57TH TERRACE** STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP Change TITLE VPD DELETE 4.1 TITLE ☐ Addition HAUFLER, RAY E. NAME 4. 2 NAME RT 3, BOX 24 STREET ADDRESS 4.3 STREET ADDRESS HAWTHORNE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 trusted 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.