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 #

1. Corporation Name 561476

(3)

Mailing Address

J. H. HINSON BUILDERS, INC.

Principal Place of Business 3935 SCENIC HWY PENSACOLA FL 32504		М	Mailing Address								
		3935 SCENIC HWY PENSACOLA FL 32504									
, 6-17								3.	Date Incorporated or Qualified 03/08/1978		e of Last Report)5/01/1995
2. Principal Place of Business			2a. Mairing Address				4. FEI Number 59-1803046			Applied For Not Applicable	
21	Suite, Apt. #, etc. City & State			Suite, Apt #, etc. 27 City & State			<u>,</u>		Certificate of Status Desired		\$8.75 Additional Fee Required
22			28					6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	Zıp	Country 25	29	Zip	Coun	try			Tight of Children	: No	
24 25 29 29 29 29 29 29 29 29 29 29 29 29 29					10. Name and Address of New Registered Agent						
						B1	Name				
HOLLAND, G EDISON JR 3 WEST GARDEN STREET			1	82 Street Address (P.O. Box Number is Not Acceptable)							
	PENSACOLA, FL	JINCLI				В3					85 Zip Code
32501				84	City	FL T					
1	1. Pursuant to the provis	ions of Sections 607.	0502 and 6	07.1508, Florida Statut	es, the abov	e n orac	iamed corpor	ation rd of o	submits this statement for the pr directors. Thereby accept the ap-	urpose of cl pointment a	hanging its registered office is registered agent. I am

or registered agent, or both, in the State of Florida. Such change was authorized by the corporal familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

familiar with	, and accept the obligations of, Section 68			
SIGNATURE .	ignature it yield or protect name of our result a year and the	dari ase asi	E. Rogados - I Agos Escipators (occurs)	AT ICLES 6345 84 DATE
12.	OFFICERS AND DIF	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	☐ DELETE	1 1 1 (FEF	Citalite [] Adalesti
NAME	HINSON, L C		1.2 NAME	
STREET ADDRESS	3935 SCENIC HWY		1.3 STREET ADDRESS	
City-St-7IP	PENSACOLA, FL 32504		1.4 CIT t · ST - ZIP	Change Addition
TITLE	P	☐ DELETE	2 1 MILF	Change Addition
NAMÉ	HINSON, J H		2.2 NAME	
STREET ADDRESS	3935 SCENIC HWY		2.3 STREE! ADDRESS	
CITY-SI-ZIP	PENSACOLA, FL 32504		2 4 CITY - ST - ZIP	Change Addition
THLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAMÉ	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-7IP			3.4 City - S1 - ZiF	D Milian
TITLE		☐ DELETE	4 1 THE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZiP			4.4.01FY - ST - ZIP	
THE		DELETE	5 1 TiTLE	Cnange Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 SERECT ADDRESS	
			5.4 CITY -ST-ZIP	
TITLE		DELETE	6.1.101.6	Change: Addition
NAME			62 NAME	
			6.3 STHEET ADDRESS	
STREET ADDRESS			€ 4 CITY+ST+ZIP	
CITY - ST - ZIP		and an artist for	with a disput door not gualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 charged. At on the attachment with an address.

SIGNATURE: X SIGNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)