

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **562569** (4)

1. Corporation Name
HOUCHIN CONSTRUCTION, INC.

Principal Place of Business Mailing Address
71 COMMERCIAL BLVD. **71 COMMERCIAL BLVD.**
P.O. BOX 8393 **P.O. BOX 8393**
NAPLES FL 33941 **NAPLES FL 33941**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/21/1978** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-1833447** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. County 25. County 29. Zip 30. Zip

9. Name and Address of Current Registered Agent
HOUCHIN, ROBERT E.
2303 QUEENS WAY
NAPLES FL 33962

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HOUCHIN, ROBERT EUGENE
STREET ADDRESS	2303 QUEENS WAY
CITY - ST - ZIP	NAPLES, FL 00000
TITLE	VS
NAME	O'DEAN, MALCOLM H.
STREET ADDRESS	711-21ST STREET, S.W.
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(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; that I am the person 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 corrected along with an address.

SIGNATURE: _____ **ROBERT E. HOUCHIN** **4/25/95** **812-649-1783**
DATE: _____ TELEPHONE: _____