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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90022 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 562569

1. Corporation Name  
**HOUCHIN CONSTRUCTION, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 03/21/1978  
 4. FEI Number: 59-1833447  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 465 Production Blvd  
 22 Suite, Apt. #, etc.  
 23 City & State: Naples, FL  
 24 Zip: 34104 25 Country: USA  
 26 2a. Mailing Address: 465 Production Blvd  
 27 Suite, Apt. #, etc.  
 28 27. City & State: Naples, FL  
 29 Zip: 34104 30 Country: USA

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HOUCHIN, ROBERT EUGENE	
STREET ADDRESS	2303 QUEENS WAY	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	O'DEAN, MALCOLM H.	
STREET ADDRESS	711-21ST STREET, S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'Dean, Malcolm H.
2.3 STREET ADDRESS	128 Napa Ridge Way
2.4 CITY-ST-ZIP	Naples, FL 34119
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: Robert E. Houchin Date: 1/1/99 (941) 643-1783  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)