FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:50

DOCUMENT # 652942 (4)

1. Corporation Name
H.E. CONSTRUCTION CORP.

Principal Place of Business
~~1579 EASTLAKE LANE~~
~~SEBASTIAN FL 32958~~

Mailing Address
~~1579 EASTLAKE LANE~~
~~SEBASTIAN FL 32958~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1980	3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1970681	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21: 750 TULIP DRIVE
Suite, Apt. #, etc.
22: SEBASTIAN
City & State
23: FL. 32958
Zip: 24: 32958 Country: 25: INDIAN RIVER

2a. Mailing Address
26: 750 TULIP DRIVE
Suite, Apt. #, etc.
27: ~~SEBASTIAN~~ FL.
City & State
28: SEBASTIAN FL.
Zip: 29: 32958 Country: 30: INDIAN RIVER

9. Name and Address of Current Registered Agent

EISENBARTH, HAROLD R.
~~1579 E LAKE LANE~~
~~SEBASTIAN FL 32958~~

10. Name and Address of New Registered Agent

81 Name: EISENBARTH HAROLD R
82 Street Address (P.O. Box Number is Not Acceptable): 750 TULIP DRIVE
83:
84 City: SEBASTIAN FL 85 Zip Code: 32958

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: Harold R Eisenbarth H.R. Eisenbarth Pres. 2/14/95
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☒ Change ☐ Addition
NAME	EISENBARTH, HAROLD R	1.2 NAME		
STREET ADDRESS	1579 E LAKE LANE	1.3 STREET ADDRESS	750 TULIP DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	SEBASTIAN FL. 32958	
TITLE	ST	2.1 TITLE		☒ Change ☐ Addition
NAME	EISENBARTH, HAROLD F	2.2 NAME		
STREET ADDRESS	1579 E LAKE LANE	2.3 STREET ADDRESS	750 TULIP DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	SEBASTIAN FL. 32958	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet with an address.

SIGNATURE: H.R. Eisenbarth Harold R Eisenbarth Pres. 2/14/95 407/589-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

0421401 FP