PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 858033



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90140 010 ***158.75

HUTCHII	NSON CONSTRUCTION, IN	NC.						
Principal Place	e of Business	Mailing Address				8484 HIBB (2)1 84811		IBII AIAI IADI
2502 NORTHWAY DRIVE 2502		2502 NORTHWAY DRIVE VENICE FL 34292			DO NOT	WRITE IN THI	S SPACE	
					3. Date Incorporated or Qua			
					10/06/1983			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	, -	App	plied For
21		26			36-2858836		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 📐	\$8.75 A	dditional
22		27			5. Certificate of Status Desir		Fee Re	quired
City & State	e	City & State			6. Election Campaign Finan	cing	\$5.00	
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the	current year li		l
24	25	29	30		Personal Property Tax.	lassa Da minéanne		□No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of h	lew Registered	a Agent	
LII ST	CHINSON, JEFFREY		01	Name				
	NORTHWAY DRIVE		82	Street Add	dress (P.O. Box Number is Not Ac	ceptable)		1
	ICE FL 34292				· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ACIA	IUE FE 34232		83	'				
			84	City		FI	85 Zip C	Code
11 Dureuppt	to the provisions of Sections 607 05	502 and 607 1508 Florida Statute	es, the abov	e-named con	poration submits this statement for	or the purpose of	of changing its	registered
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	utnonzea by	rine corporat	poration submits this statement for ion's board of directors. I hereby	accept the app	of changing its ointment as reg	registered gistered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was an pations of, Section 607.0505, Flori gent and title if applicable. (NOTE	rida Statutes	s.	red when reinstating)	DATE		
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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 alacoment with an address, with all other like empowered.