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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F41105

H & H PAINTING AND WATERPROOFING COMPANY

Principal Place of Business Mailing Address

APPROVED

95 APR 26 PM 2: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

11000 NW 20T C/O GARY T.				11000 NW 28TH STREET C/O GARY T, HRICKO					DO NOT WRITE IN THIS SPACE						
FT LAUDERDALE FL 33322				FT LAUDERDALE FL 33322					3. Date Incorporated or Qualified 3a. Date of Last Report						
estadores en									08/19/196	31	ameci		/27/19		
2. Principal Pla	ace of Business		20	Mailing Address				4	. FEI Number			- - 		App	olied For
21		1.7	. 26					1	59-24704	<u>52 </u>		, Mary	3.5	Not	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5	. Certificate of	Stalus Des	ired				dditional Julied
City & State				City & State				6	 Election Cam Trust Fund C 		cing				May Be Fees
Ζiμ		Country		Zip Country				6	i. Tiis corporat			ا فاتانوا تفاد	án under	S. 18	9.032,
24	25		29	29 30					Florida Statut		Yes Yes	☐ No			
	9. Name an	d Address of Curren	Regis	tered Agent		_		10). Name and A	ddress of	New Re	gistered	Agent		
-					81	1	Name								
HRICKO,	GARY T				82	+	Street Ad	ldress (F	P.O. Box Numb	er Is Not Ad	ceptable	3)			
11000 NW 28TH STREET						1						,			
FT LAUDERDALE FL 33322					63	T									•
					84	+	City					FL	85	Zip C	ode
11 Pursuant to	o the provisions	of Sections 607 0502	and 60	7.1508, Florida Statutes,	the above-	na na	amed corr	oration	submits this sta	ntement for	the purc	ose of ch	anging (t:	s regi	stered office
or registere	ed agent, or bot	th, in the State of Floric he obligations of, Secti	a. Suci	i change was authorized	by the corp	ю	ration's bo	oard of o	directors. I here	by accept t	ne appoi	intment as	register	ed ag	ent. I am
S:GNATURE _	Signature, typed or pr	inted name of registered agent			Registered Age	rd :	signature roq.	ired whon				DATE	· · · · · · · · · · · · · · · · · · ·		
12.		OFFICERS AND	DIREC	TORS	13.				ADDITIONS/C	HANGES T	O OFFIC	ERS AND	~		
TITLE	DP				1.1 TITLE				~				Cha	nge	Addition
NAME	HRICKO, GA				1.2 NAME										
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NAME					42 NAME		*DD00555								
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NAME					6.2 NAME								<u> </u>	•-	
STREET ADDRESS					6.3 STREE		ADDOTES								
					6.4 CITY-										
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cartify that outh; that	t tha information I am an officer o	Indicated on this annu or director of the corpo	al repo alion o	t or supplemental annual r the receiver or trustee of lachment with an addres	l report is tr Impowered	to	oxocnto and acci	irato and thia ropo	d that my signa ort as required t	lure ahall he by Chapter	ive the s 607, Flor	amo loga rkia Stalu	olioct nt los; and	B If mo that n	ngo undor Ny namo

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