Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90155 041 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F84864

1. Corporation Name

HOFMEISTER DESIGN AND CONSTRUCTION, INC.

Principal Place	of Rusiness	Mailing Address				[EBITES tim foldt EISS IBrid Britt Billt Bibtt anbit atbit atbit aratt anat.			
•		<u>-</u>							
17521 U.S. HW1	Y. 441	17521 US HWY 441)				
STE. 30 MT. DORA FL 3	27757	SUITE 30 MOUNT DORA FL 32757 US				DO NOT WRITE IN THIS SPACE			
US	02/3/					3. Date Incorporated or Qualifed			
		••				06/10/1982			
2 Deinoinal Di	loss of Pusings	2a. Mailing Address			$\overline{}$	4. FEI Number	-	Applied For	
2. Principal Place of Business						59-2264621		Not Applicable	
21		Suite Ant # etc				33 2204021		5 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Required	
22		27 City & City							
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23		28			Trust Fund Contribution		ed to rees		
Zip	Country	Zip	ຸ Country ¬	,	l	8. This corporation owes the current year Inta			
24	25	29 36	0			Personal Property Tax.	∐Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	igent		
			81	Nar	ne	•			
	BSCH, NEAL D		82	Stre	et Addres	is (P.O. Box Number is Not Acceptable)			
345 N GROVE ST			Street Addre			is (F.O. Bax Hamber to Not Placebase)			
EUSTIS FL 32726			83						
			84	City	i	FL	85 Z	ip Code	
11 Dursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-nam	ed corpor	ation submits this statement for the purpose of	changing	its registered	
	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida, Such change was alltr	IANZEN NV	TOP C	orporation	's board of directors. I hereby accept the appoin	itment as	registered	
SIGNATURE								}	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				stered Agent signature required when reinstating) DATE					
12.	01710211011112		13.	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	VD	☐ DELETE	1.1 TITLE		Í		Chang	ge	
NAME	HOFMEISTER, JOHN		1,2 NAME						
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS				}	
	EUSTIS, FL 00000		1,4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE			2.1 TITLE				☐ Chang	ge Addition	
	PD TOTAL	<u> </u>	2.2 NAME						
NAME	HOFMEISTER, TOM			ľ)	
STREET ADDRESS	955 COUNTRY CLUB RD		2.3 STREET ADDRESS		ESS				
CITY-ST-ZIP	EUSTIS, FL 00000		2, 4 CITY+	ST-ZIP			C) Chan	an Addition	
TITLE	ST DELETE 3.11		3.1 TITLE	3.1 TITLE			Chang	ge	
NAME	HOFMEISTER, DAWN		3.2 NAME					Ì	
STREET ADDRESS			3.3 STREE	T ADDR	ESS				
CITY-ST-ZIP	I		3.4. CITY-	3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Chan	ge 🔲 Addition	
NAME			4, 2 NAME					Ì	
]		4,3 STREE		E 99			{	
STREET ADDRESS									
CITY-ST-ZiP		☐ DELETE	4.4 CITY-5 5.1 TITLE)1-ZIP	-		[] Chan	ge ☐ Addition	
TITLE	·	☐ DEFE IE					المالية المالية		
NAME			5.2 NAME		-00			ļ	
STREET ADDRESS			5,3 STREE		ESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE)		Chan	ige 🗀 Addition	
NAME			6.2 NAME		Ì				
STREET ADDRESS			6.3 STREE	TADDRI	E\$\$)	

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: