

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Morgan

SECRETARY OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # F94000000833 (3)

1. Corporation Name

HARTRICH CONSTRUCTION CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:18

Principal Place of Business

Mailing Address

723 EDGEBROOK DR.
CHAMPAIGN IL 61820

723 EDGEBROOK DR.
CHAMPAIGN IL 61820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 County

29 Zip

30 Country

3. Date Incorporated or Qualified
02/18/1994

3a. Date of Last Report

4. FEI Number
37-1303194

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

7. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES ST.
TALLAHASSEE FL 32301

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 the 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

(Signature, Print or Type Name of Registered Agent or Director) (Date) (Signature, Print or Type Name of Registered Agent or Director) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTRICH, NELSON E	12 NAME	
STREET ADDRESS	723 EDGEBROOK DR.	13 STREET ADDRESS	
CITY, ST, ZIP	CHAMPAIGN IL 61820	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, DAVID	22 NAME	
STREET ADDRESS	723 EDGEBROOK DR.	23 STREET ADDRESS	
CITY, ST, ZIP	CHAMPAIGN IL 61820	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, DAN	32 NAME	
STREET ADDRESS	201 W. SPRINGFIELD AVE.	33 STREET ADDRESS	
CITY, ST, ZIP	CHAMPAIGN IL 61820	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I declare by oath that the information supplied with this filing is voluntarily furnished and is correct to the best of my knowledge. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature will appear on the same document filed made under oath in the office of the Secretary of State of Florida, and that my name appears on Block 12 or Block 13 unchanged, or on an attachment with an addition.

SIGNATURE:

(Signature and Typed or Printed Name of Officer or Director)

3/13/95 917-3465-9198