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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	ORPORATION INUAL REPORT 1996 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIO		ry of State		
DOCUM 1. Corporation I HANMO	MENT # F950(DRE BROS. CONSTRUCT	00005680 (2 ION COMPANY)	T IN DAMEN HAS INTEL BITTLE BOTTE SOLIT	II BENY BORY BORNO BURY BURY DANG BORN BORN
Dringinal Dags	of Rucinous	Mailing Address			
Principal Place of Business Mailing Address HBCC BOX 879 BILOXI MS 39533 BILOXI MS 39533					
				3. Date Incorporated or Qualified 11/21/1995	3a, Pate of Last Report
2. Principal Par	ce of Business	2a. Mailing Address		4. FEI Number 64-0846630	Applied For Not Applicable
Suite, Apl. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζηο 24]	Country 25	Zip	Country	8. This corporation has liability for in Florida Statutes Yes 10. Name and Address of New R	No
SIGNATURE	othe provisions of Sections 607.050 claggent, or both, in the State of Flo n, and accept the obligations of, Sec Section spiret operations of registerstage		84 City is, the above-named corporation's boat by the corporation's boat	ration submits this statement for the pur rd of directors. I hereby accept the app	FL 85 Zip Code rpose o' changing its registered office ointment as registered agent. t am
. 12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
MILLE NAME STREET ADDRESS COLY - S1 - ZIP	PCTD HANMORE, EROL 271 HOPKINS BLVD. BILOXI MS	☐ DELETE	1. 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1 4 CHY-SI-ZIP		☐ Change ☐ Addition
NAME STREET ACORESS CITY-ST-ZIP	VS HANMORE, JAVID 5805 FAIRVIEW DR. PENSACOLA FL	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP		☐ Change ☐ Addition
TIBLE NAME STEELL AGURESS OUT - ST-ZIP		☐ DELETE	3 1 TITLE 3 2 NAME 3 3 STREFF ADDRESS 3 4 CITY-SI-ZIP		Change Addition
TIBLE NAME SHEET ADDRESS C TY-ST-7F		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP		Change Addition
THE NAME STREET ADDRESS GITY - STI ZIP		☐ DELETE	5 1 TiTLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY - ST - ZIP		Change Addition
THEF		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition

14. It do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify that I am an officer or director of the reportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if of legal plant on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6 4 City - ST - ZIP

SIGNATURE: SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS