FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G15738** **(9)**

1. Corporation Name

HASHMAN CONSTRUCTION, INC.

Principal Place of Business

C/O MARK D HASHMAN
2730 CLYDO RD. SUITE 1
JACKSONVILLE FL 32207

Mailing Address

C/O MARK D HASHMAN
2730 CLYDO RD. SUITE 1
JACKSONVILLE FL 32207

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **12/29/1982**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **59-2240991** [ ] 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

8. Does corporation have liability for unemployment taxes under s. 443.036, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HASHMAN, MARK D
2730 CLYDO ROAD
SUITE 1
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Are Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, Florida Statutes, the above named corporation submits this 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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
HASHMAN, MARK D
2730 CLYDO RD STE 1
JACKSONVILLE, FL 00000

[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] DELETE

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CITY-ST-ZIP

[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
[ ] Change [ ] Addition

2 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[ ] Change [ ] Addition

3 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[ ] Change [ ] Addition

4 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
[ ] Change [ ] Addition

5 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[ ] Change [ ] Addition

6 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
[ ] Change [ ] Addition

CR2E034 (12/95)

14. I declare that the information supplied with this filing is accurate, and that 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 above, or on an attachment with an address.

SIGNATURE: MARK D. HASHMAN, PRES. 4/4/96 904/739-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #