

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 # **G25192** (7)

1. Corporation Name

JON HUSTED CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business

**357 JACKSON AVE.
GREENACRES FL 33463**

Mailing Address

**357 JACKSON AVE.
GREENACRES FL 33463**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/22/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2266597

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

HUSTED, JON

~~**357 JACKSONVILLE AVE
GREENACRES FL 33463**~~

→ SHOULD BE →

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

357 JACKSON AVE

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 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

Signature typed or printed name of registered agent and title and location

(If 13b. Registered Agent signature required, attach separate statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **HUSTED, JON**

1.2 NAME

STREET ADDRESS ~~**357 JACKSONVILLE AVE**~~ **→ SHOULD BE →**

1.3 STREET ADDRESS

CITY-ST-ZIP ~~**GREENACRES FL**~~

1.4 CITY-ST-ZIP

**357 JACKSON AVE
GREENACRES, FL 33463**

TITLE ☐ DELETE

2.1 TITLE

NAME **BEHRINGER, MARK**

2.2 NAME

STREET ADDRESS ~~**8062 WENDY LANE SOUTH**~~

2.3 STREET ADDRESS

CITY-ST-ZIP ~~**WEST PALM BCH, FL 00000**~~

2.4 CITY-ST-ZIP

**14443 HALTER RD
WELLINGTON, FL 33414**

TITLE ☐ DELETE

3.1 TITLE

NAME **BEHRINGER, DAVID**

3.2 NAME

STREET ADDRESS ~~**8062 WENDY LANE SOUTH**~~

3.3 STREET ADDRESS

CITY-ST-ZIP ~~**WEST PALM BEACH FL**~~

3.4 CITY-ST-ZIP

**117850 BOTTLE BRUSH CT. APT 101
WELLINGTON, FL 33414**

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK D. BEHRINGER

4/26/96 (407) 796-1943

CR2E034 (12/95)