

**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 Mailing Address  
**357 JACKSON AVE. GREENACRES FL 33463** **357 JACKSON AVE. GREENACRES FL 33463**

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. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**HUSTED, JON**  
~~**357 JACKSONVILLE AVE**~~ → **SHOULD BE** →  
**GREENACRES FL 33463**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUSTED, JON</b>	
STREET ADDRESS	<del><b>357 JACKSONVILLE AVE</b></del> → <b>SHOULD BE</b> →	
CITY-ST-ZIP	<del><b>GREENACRES FL</b></del>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>BEHRINGER, MARK</b>	
STREET ADDRESS	<del><b>8062 WENDY LANE SOUTH</b></del>	
CITY-ST-ZIP	<del><b>WEST PALM BCH, FL 09000</b></del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEHRINGER, DAVID</b>	
STREET ADDRESS	<del><b>8062 WENDY LANE SOUTH</b></del>	
CITY-ST-ZIP	<del><b>WEST PALM BEACH FL</b></del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>357 JACKSON AVE</b>
14 CITY-ST-ZIP	<b>GREENACRES, FL 33463</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>14443 HALTER RD</b>
24 CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>11785 BOTTLE BRUSH CT. APT 101</b>
34 CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(c), 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: *Mark D Behring*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARK D BEHRINGER**

**4/26/96 (407) 796-1943**

CR2E034 (12/95)