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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33463-3317**

3. Date Incorporated or Qualified: **02/22/1983**
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
 21 **14443 HALTER RD** 26 **14443 HALTER RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 City & State: **WELLINGTON, FL** 27 **WELLINGTON, FL**
 Zip: **33414** Country: **PALM BLH** 29 **33414** 30 **PALM BLH**

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

9. Name and Address of Current Registered Agent
HUSTED, JON
357 JACKSON AVE
GREENACRES FL 33463

10. Name and Address of New Registered Agent
 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	HUSTED, JON	
STREET ADDRESS	357 JACKSON AVE.	
CITY-ST-ZIP	GREENACRES FL	
TITLE	DV	<input type="checkbox"/>
NAME	BEHRINGER, MARK	
STREET ADDRESS	14443 HALTER RD	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/>
NAME	BEHRINGER, DAVID	
STREET ADDRESS	117850 BOTTLE BRUSH CT.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP	33463		
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	33414		
3.1 TITLE	CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	13785-0 BOTTLEBRUSH CT.		
3.4 CITY-ST-ZIP	33414		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with 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 if changed, or on an attachment with an address.

SIGNATURE: *Mark D. Behringer* 4/29/97 (561)796-1943

CR2E034 (9/96)