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95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # H28285 (5)

1. Corporation Name

HURLEY CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
16242 E. STALLION DR. LOXAHATCHEE FL 33470	16242 E. STALLION DR. LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1984
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2463615 — 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

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

9. Name and Address of Current Registered Agent

HURLEY, BARBARA F.
16242 E. STALLION DR.
LOXAHATCHEE FL 33470

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 617.0502, 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	PD
NAME	HURLEY, ALBERT V.
STREET ADDRESS	16242 E. STALLION DR.
CITY-ST-ZIP	LOXAHATCHEE FL
TITLE	VP
NAME	HURLEY, BARBARA
STREET ADDRESS	16242 E STALLION DR
CITY-ST-ZIP	LOXAHATCHEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blank blocks: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

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(1)(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: Barbara F. Hurley V.P. Barbara F Hurley 4/30/95 407-798-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0273663 CP