## 2.10.98 B 1 FILE NOW: FILING F R MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 口つりつりた **/**5\

HURLEY CO	ONSTRUCTION COMP		(3)						
Principal Place of B	Business	Mailing Address					i Bidil Bibir Gibi	MINI INGI	
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			
2. Principal Place of	of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
ī .		[26]				59-2463615	No	Applicable	
Suite, Apt. #. etc		Suite, Apt. #, etc.				Certificate of Status Desired			
City & State		City & St 28	tate			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be o Fees	
<b>Z</b> ір <b>4</b>	25		Ζιρ Country <b>30</b>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent		
HURLEY	r, albert v			81	Name				
16242 E. STALLION DR.				82	Street Ad	Address (P.O. Box Number is Not Acceptable)			
LOXAHA	ATCHEE FL 33470			83					
				0.0					
				84	City	FL			
<ol> <li>Pursuant to the office or registe agent. I am fan</li> </ol>	provisions of Sections 607.05 ered agent, or both, in the Sta niliar with, and accept the obli	502 and 607.1508, I ite of Florida, Such o igations of, Section	Florida Statute: change was au 607.0505, Flor	s, the above uthorized by ida Statute	e-named co the corpor s.	orporation submits this statement for the purpose cration's board of directors. I hereby accept the app	of changing its pointment as	registered registered	
SIGNATURE	are types. To protect uses of regularists	a contrator of				quired when reinstating) DATE			
51grum 12.		ND DIRECTORS	(MOTE	13.	onr signature req	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12	
TITLE PE			DELETE	1.1 TITLE		135111011011111025 15 51 11521107111	Change	Addition	
IAME H	URLEY, ALBERT V.			1.2 NAME	1				
	3242 E. STALLION DR.			1.3 STREET	ADDRESS				
CITY-ST-ZIP LO	DXAHATCHEE FL			14 CITY-5	1-ZIP				
ITLE			DELETE	2 1 TITLE			☐ Change	Addition	
YAME				22 NAME					
STREET ADDRESS				2.3 STREET					
CITY-SI-7/P			Tiverere	2. 4 CITY -	ST-ZIP	·	Chann	g adition	
IIFLE		L	DELETE	3 1 TITLE			☐ Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	i				
CITY-ST-ZIP		· -··· · · · · · · · · · · · · · · · ·	DELETE	3.4. C(TY-1	ST-ZIP		Change	Addition	
TITLE [		L	יי וענונונ	9.1 HILE	1		டா பளமி	MUDICION	

14. Thereby certify that the information supplied with the 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 airrual report is supplied with the structure 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.

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

CITY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

261-798-0290

Change

Change

Addition

☐ Addition

**FILED** 

Feb 10 1998 8:00am

Secretary of State