

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H52492 (6)
1. Corporation Name
HOOKER CONTRACTING, INC.



Principal Place of Business
~~17251 ALICO CENTER ROAD~~
~~UNIT #3~~
~~FT. MYERS FL 33912~~
US

Mailing Address
~~17251 ALICO CENTER RD~~
~~UNIT #3~~
~~FT. MYERS FL 22012~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5671 Division Drive Suite, Apt. #, etc. 22 City & State 23 Fort Myers, Florida Zip 33905 Country Lee		2a. Mailing Address 26 5671 Division Drive Suite, Apt. #, etc. 27 City & State 28 Fort Myers, Florida Zip 33905 Country Lee		3. Date Incorporated or Qualified 04/16/1985	
				4. FEI Number 59-2619847 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOOKER, W. ROSS 17251 ALICO CENTER ROAD UNIT #3 FT. MYERS FL 33912 5671 Division Drive Ft. Myers, Fl. 33905				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOKER, W. ROSS			1.2 NAME			
STREET ADDRESS	17251 ALICO CENTER ROAD 5671 Division Dr.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33912 Ft. Myers, Fl. 33905			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYFF, MARY P			2.2 NAME			
STREET ADDRESS	17251 ALICO CENTER ROAD 5671 Division Dr.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33912 Ft. Myers, FL. 33905			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOOKER, PANDORA B			3.2 NAME			
STREET ADDRESS	17251 ALICO CENTER RD 5671 Division Dr.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL Ft. Myers, Fl. 33905			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 _____ 4/29/98 941-693-6447

CR2E034 (10/97)