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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J59397

(6)

HERNDON CONSTRUCTION CO.

FILED
Apr 08 1997 8:00am
Secretary of State



Principal Place of Business  ** THOMAS JAMES HERNDON  2284 HAMPSHIRE WAY  TALLAHASSEE FL 32308		Mailing Address % Thomas James Herndon 2284 Hampshire Way Tallahassee Fl. 32308-3106			( 1901)   0 Elb) 94/40 (1910)    Dill3    ELL)( 1997    9797)    ELB)   2191   2191   2191   2191				
						<ol> <li>Date Incorporated or Qualified 02/27/1987</li> </ol>		te of La 28/19	st Report <b>96</b>
1	ace of Business	28. Mailing Address				4. FEI Number			Applied For
21		26				59-2775632			Not Applicabl
Scite, Apt #	ŧ, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		7	75 Additional e Required
22] City & State		City & State				6. Election Campaign Financing	<del></del>		00 May Be
23		28				Trust Fund Contribution			ded to Fees
Ztb ==1	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangible		* * ***********************************
24	25	29	30	<b>-</b>			] Yes [		
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered A	gent	
HER	NDON, THOMAS JAMES			81	Name				
2284	HAMPSHIRE WAY			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
TALI	LAHASSEE FL 32308						· 		····-,
				83					
				84	City			85	Zip Code
				$\sqcup$		poration submits this statement for the p	FL		
SIGNATURE	Signature, typica or printed name of registered	i agent and tice if applicable (	NOTE: Registere	d Aper	nt signature requi	lred when reinstating)	DATE		
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		Lagent and tire if applicable ( AND DIRECTORS  DELETE	(NOTE: Registere:		nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		DIREC	
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I do hereby ce't ly 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 harn 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

Momas 5, Hende Thom A SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR BU

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4/2/97

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