

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L74144** (1)

1. Corporation Name

HERSH CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**C/O E. SUZANNE HUDSON
4349 BURTONWOOD COURT
PENSACOLA FL 32514**

**C/O E. SUZANNE HUDSON
4349 BURTONWOOD COURT
PENSACOLA FL 32514**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

9. Name and Address of Current Registered Agent

**HUDSON, E. SUZANNE
4349 BURTONWOOD COURT
PENSACOLA FL 32514**

3. Date Incorporated or Qualified

05/17/1990

3a. Date of Last Report

05/11/1995

4. FEI Number

59-3020301

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

10. Name and Address of New Registered Agent

81 Name **HUDSON, E. SUZANNE**

82 Street Address (P.O. Box Number is Not Acceptable)

4351 Burtonwood Dr.

83 **PENSACOLA,**

84 City

FL 85 Zip Code

32514

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE **D** ☐ DELETE
NAME **HUDSON, HERSHELL S. II**
STREET ADDRESS **4349 BURTONWOOD COURT**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE
NAME **HUDSON, E. SUZANNE**
STREET ADDRESS **4349 BURTONWOOD COURT**
CITY - ST - ZIP **PENSACOLA FL**

TITLE **D** ☒ DELETE
NAME **GIPSON, MICHAEL**
STREET ADDRESS **ROUTE 4 N/A**
CITY - ST - ZIP **POPLARVILLE MS**

TITLE **D** ☐ DELETE
NAME **DREYER, MARK**
STREET ADDRESS **10259 BOWMAN AVE**
CITY - ST - ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JAMES DOCHERTY**
1.3 STREET ADDRESS **W. LLOYD ST.**
1.4 CITY - ST - ZIP **PENSACOLA, FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **500001835235**
5.3 STREET ADDRESS **-05/22/96--01078--025**
5.4 CITY - ST - ZIP *****200.00**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996 (904)
Date 476-3093
Daytime Phone #

CR2E034 (12/95)