


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

001438

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90013 040 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P19167					
1. Corporation Name TERRY HUNT CONSTRUCTION CO., INC.					
Principal Place of Business 3737 MADISON HWY VALDOSTA GA 31601 US			Mailing Address HWY. 31 S. AT I-75 P.O. BOX 1606 VALDOSTA GA 31603		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1988	
21		26		4. FEI Number 58-1747272	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24	25	29	30		
9. Name and Address of Current Registered Agent GUTHRIE, BOBBY J. RT. 1, BOX 980 LEE FL 32059			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HUNT, C. TERRY				
STREET ADDRESS	1087 RIDGE RD				
CITY-ST-ZIP	VALDOSTA GA				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	GUTHRIE, BOB				
STREET ADDRESS	RT. 1, BOX 980				
CITY-ST-ZIP	LEE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	HALL, JANICE W.				
STREET ADDRESS	RT. 3, BOX 258				
CITY-ST-ZIP	VALDOSTA GA				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	HUNT, MARYLYNN				
STREET ADDRESS	1087 RIDGE RD				
CITY-ST-ZIP	VALDOSTA GA				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		Hunt, Craig D.			
2.3 STREET ADDRESS		920 Madison AVE.			
2.4 CITY-ST-ZIP		Valdosta, GA 31602			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: Janice W. Hall **SIGNATURE REQUIRED** Janice W. Hall 7-1-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)