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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010442 (1)

HATTEN CONTRACTORS, INC.

Principal Place of Business		Mailing Address	Mailing Address				ı idikilidiri ilm idilin filbir antili antılı anılı	i Ráidh iodh add	1 019 14 019 11	4 1181 1981
715 EAST SEWARD STREET TAMPA FL 33604		715 EAST SEWARD ST TAMPA FL 33604-1634	715 EAST SEWARD STREET TAMPA FL 33604-1634							
						3.	Date Incorporated or Qualified 12/08/1992	3a. Date 6		eport
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number		Ap	plied For
21		26				- [59-3153037		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	0 '	8.75 A	Additional equired
City & Sta	te	City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Ζφ 24	Country 25	Zip 29	30	ountry			. 101100 01010100	Yes 🔲 I	No	199.032,
Name and Address of Current Registered Agent					····	10.	Name and Address of New Reg	gistered Age	nt	
HATTEN, JOSEPHINE 715 EAST SEWARD STREET TAMPA FL 33604				81	,					
				82	Street Ad	idress (i	P.O. Box Number is Not Acceptab	le)		
				83		•				
				84	City FL 85 Zip Code					Code
office or	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such change wa	as authoriz	ed by	the corpor	orporation's	on submits this statement for the p board of directors. I hereby accep	urpose of ch it the appoin	anging its ment as	s registered registered
	5tg: atms, typid or profed name of registered				nt signature rec			DATE		······································
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFIC			
DILE	P	☐ DELETE		TITLE	į			L	Change	Addition
NAME JOSEPHINE HATTEN			12	12 NAME						
STREET ADDRESS 715 EAST SEWARD STREET			1.3	1.3 STREET ADDRESS						
CITY - ST - ZIP				1.4 CITY - ST - ZIP						
TITLE	DELETE 2		21	2 1 TITLE					Change	☐ Addition
NAME			2.2	NAME						
STREET ADDRESS			2.3	STREET	ADDRESS					

6.4 CITY-ST-ZIP Dity-St-ZiP 14. I do hereby certify that the information supplied with this filling 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.

2 4 CITY - ST-ZIP

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 City - St - ZiP

6.3 STREET ADDRESS

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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CITY - ST - 712

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NAME STREET ADDRESS

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Mar 06 1997 8:00am

Secretary of State

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