FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046303 (2)

1. Corporate Name
HETHERMAN/DESIGN CONSTRUCTION CORPORATION

Principal Place of Business
7061 GRANDNATIONAL DR
SUITE 107C
ORLANDO FL 32819

Mailing Address
7061 GRANDNATIONAL DR
SUITE 107C
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

City & State
23
City & State
28

Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 59-3196331 — 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. The corporation has liability for intangibles tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD
TALLAHASSEE FL 32303-6643

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
(Type or Print Name of Registered Agent) (Signature of Registered Agent) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HETHERMAN, PETER E	12 NAME	
STREET ADDRESS	8019 HOOK CIR	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32836	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HETHERMAN, THOMAS	22 NAME	
STREET ADDRESS	8019 HOOK CIR	23 STREET ADDRESS	386 N BOYD ST
CITY ST ZIP	ORLANDO FL 32836	24 CITY ST ZIP	WINTER GARDEN, FL 34787
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HETHERMAN, IRENE	32 NAME	
STREET ADDRESS	8019 HOOK CIR	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32836	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 of this document or in an attachment with an address.

SIGNATURE: PETER E HETHERMAN 5/1/95 (407) 876-4563
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0062166 CP