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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000002228 (2)

C & H CONSTRUCTION COMPANY

2175 KINGSLEY AVENUE BLVG. #2 #214 ORANGE PARK FL 32073		P.O. BOX 2731 ORANGE PARK FL 32067-2731 US		Only becaused the Onlife of	Date Incorporated or Qualified	
US				12/30/1993	3a. Date of East Report 05/01/1996	
2. Principal Place of Business		2a, Mailing Address	***************************************	4. FEI Number	Applied For	
21		[26]		59-3216284	Not Applicable	
Suite, Apr. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
. д Zip :: т	Country	Zip	Country	8. This corporation has liability for		
24	25 9. Name and Address of Currer		10	Fiorida Statutes 10. Name and Address of New Re	No No	
CABRAL, ROBERT J 8430 AMBLESIDE CT. JACKSONVILLE FL 32244				Address (P.O. Box Number is Not Accepted		
		•	84 City	01	85 Zip Code	
11. Parsuant t	o the provisions of Sections 607.050)2 and 607.1508. Florida Statutes	s, the above-named	corporation submits this statement for the	ourpose of changing its registered	
othce or re agent. Lar	egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida. Such change was au	thorized by the corr	poration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	Signature, typical or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 TITLE	PALTON	Change Addition	
HAMI	CABRAL, ROBERT J		1.2 NAME	Kobert J Calora	c, Alda z, unit zid	
STREET ADDRESS	8430 AMBLESIDE CT.		1.3 STREET ADDRESS	orange Park. Fl 32	073	
GITMISTEZIE TITLE	JACKSONVILLE FL 32244	DELETE	1.4 C(TY+ST-ZIP 2.1 TITLE	2000	Change Addition	
NAM:		Em) DECENT	2.2 NAME		El citalgo El reditor	
STREET ADDRESS			2.3 STREET ADDRESS			
CHY-S'-ZIP			2. 4 CITY-ST-ZIP			
THEF		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY SEEZIS			3.4. CITY - ST - ZIP		·	
TIL.F		☐ DELETE	4 1 TITLE		Change Addition	
NAM5			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C-TY - S1 - ZiP			4.4 CITY - ST - ZIP			
TITLE		L DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-SI-7-P		DELETE	5.4 CITY - \$1 - ZIP		Change Addition	
IIILF			6.1 TITLE		C Augusta C undottott	
NAME.			62 NAME	[
STREET ADDRESS.			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	1		
14. Ldo heret	ov certify that the information supplie	d with this filing does not qualify	for the exemption s	L stated in Section 119.07(3)(i), Florida Statute	as. I further certify that the	
informatio Fam an of	n indicated on this annual report or i	supplemental annual report is tru	e and accurate and red to execute this	d that my signature shall have the same leg- report as required by Chapter 607, Florida S	al effect as if made under oath; tha	