

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000002228 (2)

1. Corporation Name
C & H CONSTRUCTION COMPANY



REINSTATEMENT 98-99

Principal Place of Business
2175 KINGSLEY AVENUE
BLDG. #2 #214
ORANGE PARK FL 32073
US

Mailing Address
P.O. BOX 2731
ORANGE PARK FL 32067-2731
US

2. Principal Place of Business
21 6339 ARGYLE FOREST BLVD.
22 1
23 JACKSONVILLE, FL
24 32044 25 USA
26 6339 ARGYLE FOREST BLVD.
27 1
28 JACKSONVILLE, FL
29 32244 30 USA

3. Date Incorporated or Qualified
12/30/1993

4. FEI Number
59-3216284

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CABRAL, ROBERT J
2175 KINGSLEY AVE BLDG 2
UNIT 214
ORANGE PARK FL 32703

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1.2 NAME	1.2 NAME	
CITY, ST, ZIP	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
DELETE	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.1 TITLE	2.1 TITLE	
STREET ADDRESS	2.2 NAME	2.2 NAME	
CITY, ST, ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
DELETE	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
NAME	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3.2 NAME	3.2 NAME	
CITY, ST, ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
DELETE	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
NAME	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4.2 NAME	4.2 NAME	
CITY, ST, ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
DELETE	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
NAME	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5.2 NAME	5.2 NAME	
CITY, ST, ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
DELETE	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	
NAME	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6.2 NAME	6.2 NAME	
CITY, ST, ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
DELETE	6.4 CITY - ST - ZIP	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.

SIGNATURE: *[Signature]* ROBERT J. CABRAL

904-777-6449

CR2E034 (10/97)