

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000035935 (3)**

1. Corporation Name

HUNTINGTON CONSTRUCTION CORPORATION

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2029 NORTH OCEAN BLVD.
SUITE 209
FT LAUDERDALE FL 33305

2029 NORTH OCEAN BLVD.
SUITE 209
FT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

05/12/1994

4. FEI Number

Applied For

65-0493077

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Finance and
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 194.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

81 Name **PETER HUNTINGTON**

82 Street Address (P.O. Box Number is Not Acceptable)
2029 N. Ocean Blvd.

83 **Suite 209**

84 City **Ft. Lauderdale**

FL

85 Zip Code
33305

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 officer or director

NOTE: Registered Agent Signature required when mandating

7/14/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED AGENTS

TITLE **D**
NAME **HUNTINGTON, PETER**
STREET ADDRESS **2029 N OCEAN BLVD. #209**
CITY, ST, ZIP **FT LAUDERDALE FL 33305**

1.1 TITLE **P/D** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE **D**
NAME **HUNTINGTON, PETER**
STREET ADDRESS **2029 N OCEAN BLVD. #209**
CITY, ST, ZIP **FT LAUDERDALE FL 33305**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **GEHMAN, CHERYL**
2.4 CITY, ST, ZIP **2029 N Ocean Blvd. #209**
Ft. Lauderdale, FL 33305

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(A), 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 report or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

PETER C. HUNTINGTON

7/14/95

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CR2E034 (3/95)