

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90077 014 ***158.75

DOCUMENT # P94000067115

1. Corporation Name

HAMRICK CONSTRUCTION, INC.

Principal Place of Business

9 SAN PABLO CIR N
JACKSONVILLE BEACH FL 32250

Mailing Address

9 SAN PABLO CIR N
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

4. FEI Number

59-3270293

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3948 S. 3rd St.

Suite, Apt. #, etc. #333

23 Jacksonville Beach, FL

24 32250 25 USA

2a. Mailing Address

26 3948 S. 3rd St.

Suite, Apt. #, etc. #333

28 Jacksonville Beach, FL

29 32250 30 USA

9. Name and Address of Current Registered Agent

HAMRICK, WHITNEY A
9 SAN PABLO CIR N
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name Hamrick Whitney A

82 Street Address (P.O. Box Number is Not Acceptable)

83 168 Bonaire Circle

84 Jacksonville Beach, FL

85 32250

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	HAMRICK, BRENT A
STREET ADDRESS	9 SAN PABLO CIR N
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	V <input type="checkbox"/> DELETE
NAME	HAMRICK, WHITNEY A
STREET ADDRESS	9 SAN PABLO CIR N
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hamrick, Brent A.	
1.3 STREET ADDRESS	168 Bonaire Circle	
1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hamrick, Whitney A.	
2.3 STREET ADDRESS	168 Bonaire Circle	
2.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Whitney A. Hamrick V 1/19/1999 (904) 349-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)