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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000079249 (6)

1. Corporation Name

H & S CONTRACTORS, INC.



Principal Place of Business

Mailing Address

HWY 73 & HWY 274 "SHELTONS CORNER"
ALTA FL 32421

RURAL ROUT 1, BOX 397
ALTA FL 32421

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

10/02/1995

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

SHELTON, HAROLD L
HWY 73 & HWY 274 "SHELTONS CORNER"
RT 1 BOX 397
ALTA FL 32421

81 Name

Shelton, Harold L.

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

HWY 73 & HWY 274 Sheltons Corner
Route 1 Box 397

83

84 City

Altha.

FL

85

Zip Code

32421

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 Harold L. Shelton, Jr.

Harold L. Shelton

4-16-96

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SHELTON, HAROLD L
STREET ADDRESS RT 1 BOX 397, HWY 73
CITY- ST- ZIP ALTA FL 32421

TITLE VP ☐ DELETE

NAME SHELTON, GREGORY H
STREET ADDRESS RT 1 BOX 397, HWY 73B
CITY- ST- ZIP ALTA FL 32421

TITLE VP ☐ DELETE

NAME SHELTON, TONY L
STREET ADDRESS RT 1 BOX 353-6
CITY- ST- ZIP ALTA FL 32421

TITLE S ☐ DELETE

NAME SHELTON, LENORAH D
STREET ADDRESS RT 1 BOX 228
CITY- ST- ZIP ALTA FL 32421

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE: Lenorah D. Shelton / Lenorah D. Shelton 4-16-96 762-3250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day/Time Phone

CR2E034 (12/95)