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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address
RURAL ROUT 1, BOX 397
ALTA FL 32421-0397



3. Date Incorporated or Qualified 10/26/1994
3a. Date of Last Report 04/22/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3285066		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Lenorah D. Shelton
82 Street Address (P.O. Box Number is Not Acceptable) Route 1 Box 397
83 Intersection Hwy 73 & 274 "Sheltons Corner"
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 Lenorah D. Shelton - Lenorah D. Shelton, Pres. 1-23-97
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	P	<input checked="" type="checkbox"/> DELETE
NAME	SHELTON, HAROLD L	
STREET ADDRESS	RT 1 BOX 397, HWY 73	
CITY-ST-ZIP	ALTA FL 32421	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHELTON, GREGORY H	
STREET ADDRESS	RT 1 BOX 397, HWY 73B	
CITY-ST-ZIP	ALTA FL 32421	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHELTON, TONY L	
STREET ADDRESS	RT 1 BOX 353-6	
CITY-ST-ZIP	ALTA FL 32421	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHELTON, LENORAH D	
STREET ADDRESS	RT 1 BOX 228	
CITY-ST-ZIP	ALTA FL 32421	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shelton, Lenorah D.	
1.3 STREET ADDRESS	Route 1 Box 397 Hwy. 73	
1.4 CITY-ST-ZIP	Altha, FL 32421	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 do 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: Lenorah D. Shelton - Lenorah D. Shelton 1-23-97 904-762-3250
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)