

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90015 028 \*\*\*150.00

DOCUMENT # P94000079249

1. Corporation Name

H & S CONTRACTORS, INC.



Principal Place of Business

HWY 73 & HWY 274 "SHELTON'S CORNER"  
ALTHA FL 32421

Mailing Address

RURAL ROUTE 3  
BOX 397  
ALTHA FL 32421  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1994

4. FEI Number

59-3285066

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SHELTON, HAROLD L  
RURAL ROUTE 3  
BOX 397 INTERSECTION HWY 73 & 274  
ALTHA FL 32421

10. Name and Address of New Registered Agent

81 Name Lenorah Shelton

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

RR3 Box 397

83 Intersection Hwy. 73 & 274

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 Shelton

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

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME SHELTON, GREGORY H  
STREET ADDRESS RT. 3 BOX 397 HWY 73B  
CITY-ST-ZIP ALTHA FL 32421

☐ DELETE

TITLE VP  
NAME SHELTON, TONY L  
STREET ADDRESS RT 3 BOX 353-6  
CITY-ST-ZIP ALTHA FL 32421

☐ DELETE

TITLE P  
NAME SHELTON, LENORAH D  
STREET ADDRESS RT 3 BOX 397 HWY 73  
CITY-ST-ZIP ALTHA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Lenorah Shelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

850-762-3250

Daytime Phone #

CR2E034 (11/98)