

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90096 030 ***150.00

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DOCUMENT # P95000004191

1. Corporation Name
THE HEPBURN CONSTRUCTION AND RENTAL COMPANY, INC

Principal Place of Business

721 NW 4TH ST
HALLANDALE FL 33009
US

Mailing Address

P.O. BOX 254
HALLANDALE FL 33008-254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

65-0536342

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

21 517 N.W. 7th

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Hallandale,

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Florida

City & State

28 City & State

Zip

24 33009

Country

25 Broward

Zip

29 33008

Country

30 Country

9. Name and Address of Current Registered Agent

HEPBURN-SAFFORD, FLORINA
3851 NW 7TH PLACE
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

SAFFORD - FLORINA HEPBURN-SAFFORD - 1/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HEPBURN, AUSTIN R SR.
STREET ADDRESS 721 NORTHWEST 4TH STREET
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ DELETE
NAME HEPBURN, REMILDA L
STREET ADDRESS 517 NORTHWEST 7TH COURT
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ DELETE
NAME HEPBURN-STRAFFORD, FLORINA
STREET ADDRESS 3851 N.W. 7TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE D ☐ DELETE
NAME HEPBURN-MOBLEY, EUNICE
STREET ADDRESS 738 N.W. 3RD COURT
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ DELETE
NAME HEPBURN-MCPHERSON, KATHERINE
STREET ADDRESS 413 SW 6TH AVE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SAFFORD - FLORINA H. 1/8/99 (954) 7429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L Date

Daytime Phone #

CR2E034 (11/98)