

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000025519 (6)

1. Corporation Name

R. HYDEN CONSTRUCTION, INC.

Principal Place of Business

605 N. E. 1ST ST.
GAINESVILLE FL 32601
US

Mailing Address

605 N. E. 1ST ST.
GAINESVILLE FL 32601
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

28. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24

Country

28 Zip

25

Country

29

30

9. Name and Address of Current Registered Agent

HYDEN, RODNEY T
605 NE 1ST AVE
GAINESVILLE FL 32601

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

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

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. NAME HYDEN, RODNEY T 605 N. E. 1ST ST. GAINESVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	2. NAME 605 N. E. 1ST ST. GAINESVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	3. NAME 605 N. E. 1ST ST. GAINESVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	4. NAME 605 N. E. 1ST ST. GAINESVILLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	5. NAME 605 N. E. 1ST ST. GAINESVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	6. NAME 605 N. E. 1ST ST. GAINESVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
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.

CR2E034 (10/97)