03-10-1999 90141 009 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



**Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

<b>DOCUMENT #</b>	P95000068093
A	

1. Corporation H H CON	NORETE FINISHING, INC.							
Principal Place	of Business	Mailing Address						
1325 GREENDAL	LE AVENUE .	POST OFFICE BOX 960	5					
37	TAOLI EL 20547	PENSACOLA FL 32513 US				DO NOT WRITE IN T	HIS SPACE	
FT. WALTON BE	EACH FL 32047	US				3. Date incorporated or Qualifed		
00						09/05/1995		{
9 Odreda I Di	ace of Business	2a. Mailing Address			<del></del> -	4. FEI Number	Anr	plied For
<b>—</b> ,	ace of business	26 Mailing Address				59-3337317	h	Applicable
Suite, Apt.	tt etc	Suite, Apt. #, etc.					\$8.75 A	
<del>-</del>	#, etc.	27				5. Certifcate of Status Desired	Fee Re	I
City & State	ρ	City & State				6. Election Campaign Financing	\$5.00	May Re
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Co	untry	,	8. This corporation owes the current year	Intangible	
24	25	29	30	•		Personal Property Tax.		□No
24	9. Name and Address of Current		100	1	**	10. Name and Address of New Register	ed Agent	
226 (	FMAN, CHARLES L JR. PALAFOX PLACE, 7TH FLOOR SACOLA FL 32501			82 83		ddress (P.O. Box Number is Not Acceptable)	85 Zip C	Code
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ions or, Section 607.0505,	riorida Sta	lutes	·.	orporation submits this statement for the purposition's board of directors. I hereby accept the appured when reinstating)	e of changing its oppointment as reg	registered gistered
12.	OFFICERS AND		13.		ni signature requ	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	DELETE				<del>"</del>	☐ Change	☐ Addition
NAME	HOLLEY, HOWARD		1	IAME				
1	1325 GREENDALE AVENUE, SU	UF 37	B		T ADDRESS			}
STREET ADDRESS	FT. WALTON BEACH FL			CITY-S				
CITY-ST-ZIP TITLE	71. 1714, 011 021 011 1	☐ DELETE		TITLE	11-211		Change	☐ Addition
				AME				
NAME					T ADDRESS			
STREET ADDRESS	i				ST-ZIP			
CITY-ST-ZIP	-	☐ DELETE		TITLE	SI-ZIP		Change	Addition ·
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NAME					T 1000500		-	
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP		☐ DELETE		TITLE	ST-ZIP		☐ Change	☐ Addition
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NAME				NAME	- 1			
STREET ADDRESS	·				T ADDRESS			
CITY-ST-ZIP		- Design		CITY+S	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	<b>1</b> '	ITLE			L. Change	, Addition
NAME				VAME	TADDRESS			
STREET ADDRESS					1			ł
CITY-ST-ZIP				CITY-S	) I - ZIP		Chanca	☐ Addition
TITLE		☐ DELETE	6.1 7	TTLE			Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Daytime Phone #