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

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90093 050 ***150.00

DOCUMENT # P95000085938

1. Corporation Name

STREET ADDRESS

HHINO C	CONSTRUCTION, INC.											
Principal Place	e of Business	М	ailing Address						9191 91119 II	1100 III		
4041 MARITIME BLVD 4041 MARITIME BLVD												
TAMPA FL 33605 TAMPA FL			MPA FL 33605									
US		US	3				DO NOT WRIT	E IN THIS	SPACE			7
Ì				•			3. Date Incorporated or Qualifed					ŀ
- Data-11 D	· ·	1.	Mailing Address	··-		747	11/08/1995 4 FEI Number			Anni	ed For	1
	ace of Business	2a	, Mailing Address				59-3342438				Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional					1
			27				5. Certifcate of Status Desired		-	Requ		
22 City & State			City & State				6. Election Campaign Financing		\$5.0	10 N	lay Be	=
23			28				Trust Fund Contribution	П		ed to	•]
Zip Country			Zip Country			8. This corporation owes the curre	nt year Inta	ingible				
24	25	29		30			Personal Property Tax.		Yes		No	1
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New Re	gistered /	Agent			4
41.50	NOCE BALL 14 ID			İ	81	Name						
ALUI	RIDGE, PAUL M JR		we arno	,	82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)				1
	MARITIEM BLVD - MAR	44.11	ME BLOD.									4
IAMI	PA FL 33605				83							
}					84	City			85 Z	ip Co	de	1
						,		<u>FL</u>	<u>. </u>		 	-
l office or n	edistered agent, or both, in the State.	of Hon	da. Such change was	autnorized	DV.	the corporati	poration submits this statement for the poor ion's board of directors. I hereby accept	urpose of the appoir	cnanging itment as	ıts re regi:	egisterea stered	
agent. I a	m familiar with, and accept the obliga	tions of	f, Section 607.0505, FI	orida Statu	ites	3.	• •					
SIGNATURE			*iot	<u> </u>			duhar rejectation)	DATE				1.
	Signature, typed or printed name of registered age OFFICERS AN			13.	Agen	ut signature require	ADDITIONS/CHANGES TO OFF		D DIREC	TOR	S IN 12	13
TITLE	P	10 0 ll (L	DELETE	1.1 TH	LE		ABBITTONO GIANGES TO OFF	JOEI TO THE	Chang		Addition	1 :
NAME	ALDRIDGE, PAUL M SR.		_	1.2 NA								
STREET ADDRESS	4041 MARITIME BLVD			1.3 ST	REET	T ADDRESS						
CITY-ST-ZIP	TAMPA FL 33605			1,4 CI								
TITLE	S		☐ DELETE	2.1 Π					Chang	ge	Addition	1
NAME	ALDRIDGE, SANDRA L			2.2 NA	ME							
STREET ADDRESS	2421 N VALRICO RD			2.3 ST	REET	TADDRESS						
CITY+ST-ZIP	SEFFNER FL 33584			2. 4 CI	TY-S	ST-ZIP						
TITLE -	V		DELETE						= Chan	ge=	Addition	-
NAME	ALDRIDGE, PAUL M JR.			3.2 NA	ME							
STREET ADDRESS	2421 N VALRICO RD			3.3 ST	REE!	TADDRESS						
CITY-ST-ZIP	SEFFNER FL 33584			3.4. Cf	TY-S	ST-ZIP						1
TILE	Ť		☐ DELETE	4.1 117	ΊE				Chang	ge	Addition	
NAME	BROWN, ALLISON M			4.2 N	AME.							
STREET ADDRESS	17 BELMONT DR			4.3 ST	REE	T ADDRESS						
CITY-ST-ZIP	HOCKESSIN DE			4.4 Cf	TY-S	ST-ZIP						1
TITLE			☐ DELETE	5.1 TI			·		Chan	ge	Addition	
NAME				5.2 NA		ļ						
STREET ADDRESS						TADDRESS						}
CITY-ST-ZIP				5.4 CI		ST-ZIP					F 1 4 4 000	-
TITLE			☐ DELETE	6.1 TT			•		Chan	ge	Addition	1
NAME				6.2 NA								
STORET ADDRESS				■ 6.3 ST	REE1	TADDRESS						{

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 chapted, o) on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: *