

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000093036 (8)

1. Corporation Name

H.C. CONSTRUCTION, INC.



Principal Place of Business

2606 SALAMANCA  
NAVARRE FL 32566

Mailing Address

2606 SALAMANCA  
NAVARRE FL 32566-8333

3. Date Incorporated or Qualified

12/06/1995

3a. Date of Last Report

05/21/1996

2. Principal Place of Business

21 2528 SALAMANCA

2a. Mailing Address

26 2528 SALAMANCA

4. FEI Number

59-3346834

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAVARRE FL

City & State

28 NAVARRE FL

Zip

24 32566

Country

25

Zip

29 32566

Country

30

9. Name and Address of Current Registered Agent

SPIVEY, TIMOTHY R  
2606 SALAMANCA  
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name

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

2528 SALAMANCA

83

84 City

NAVARRE FL

FL

85 Zip Code

32566

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 of registered agent or other person authorized to file this report

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPIVEY, TIMOTHY R	
STREET ADDRESS	2606 SALAMANCA	
CITY - ST - ZIP	NAVARRE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRAHAM, BRUCE	
STREET ADDRESS	2743 PENN ST	
CITY - ST - ZIP	NAVARRE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	3124 EVANS AVE APT 2	
CITY - ST - ZIP	NAVARRE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SPIVEY, JOHN	
STREET ADDRESS	8590 CARLOS ST UNIT 8	
CITY - ST - ZIP	NAVARRE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

*Timothy R. Spipey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97

904-939-0662

Date

Daytime Phone #

CR2E034 (9/96)