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FILED
May 01 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 # **P95000093975 (7)**

1. Corporation Name
**HCF PAINTING & SANDBLASTING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 110 DUNE CIRCLE<br>NEW SMYRNA BEACH FL 32169 | 110 DUNE CIRCLE<br>NEW SMYRNA BEACH FL 32169-2006 |

3. Date Incorporated or Qualified: 01/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 5656 Isabelle Ave.
22 Suite, Apt. #, etc.: 13-M
23 City & State: Port Orange
24 Zip: 32127
25 Country: Volusia

2a. Mailing Address
26: P.O. Box 1249
27 Suite, Apt. #, etc.:
28 City & State: Port Orange
29 Zip: 32129
30 Country: Volusia

4. FEI Number: 59-3354648 ☐ 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

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: AnThony Broadhurst
82 Street Address (P.O. Box Number is Not Acceptable): 110 Dune Circle
83
84 City: New Smyrna Bch. FL 85 Zip Code: 32169

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: Anthony Broadhurst AnThony Broadhurst, Treasurer 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BROADHURST, JANE P | | 1.2 NAME | | |
| STREET ADDRESS | 110 DUNE CIRCLE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32169 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ONYSHKO, RICHARD | | 2.2 NAME | | |
| STREET ADDRESS | 110 DUNE CIRCLE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32169 | | 2.4 CITY-ST-ZIP | | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BROADHURST, ANTHONY | | 3.2 NAME | | |
| STREET ADDRESS | 110 DUNE CIRCLE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32169 | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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: Anthony Broadhurst Anthony Broadhurst 4/21/97 (904) 756-7653