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 # P9600038517 (4)

H & S CONSTRUCTION INC.

FILED Feb 27 1998 8:00am Secretary of State

1 (88) (88) (15 (5))2 5())1 65()1 65()1 65()1 65()2 (1)() (6)() (6)() (6)() (7)() (7)()

Principal Place of Business Mailing Address					i afteren ein ineen mite batet datet deet beste	11101 IBIBL BIN	tt hitit lätt läti		
644-D CLEARLAKE RD 644-D CLEARLAKE RD COCOA FL 32922 COCOA FL 32922						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	SOFACE		
						04/29/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						59-3392125		Not Applicable	
L \		Suite, Apt.	Suite, Apt. #, etc			Certificate of Status Desired	\$8.7	5 Additional	
		27	1			o. Commodic of States Desired	Fee	Required	
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be		
Zip	Country Zip		Country			Trust Fund Contribution		ed to Fees	
24	25	29	30		,	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Yes	ntangible No	
	9. Name and Address of Curre			7		10. Name and Address of New Registered			
FI	MORE, HARVEY L			81	Name				
644-D CLEARLAKE RD				82	Stroot Add	ress (P.O. Box Number is Not Acceptable)			
COCOA FL 32922				02	JUBBL AGG	ress (r.o. box nomber is not Acceptable)		j.	
				В3					
:				84	City		85 Z	Zip Code	
						F	L	6.3	
11. Pursuant office or r	to the provisions of Sections 607.05b registered agent, or both, in the State	92 and €07.1508, Flo e of Horida, Such cha	rida Statutes, the	above	e-named corp	poration submits this statement for the purpose	of changin	g its registere	
agent I a	m familiar with, and accept the oblig	jations of, Section 60	7.0505, Florida Si	tatutes	5.	tion's board of directors. I hereby accept the ap	pointment	as legislelec	
SIGNATURE			Alore D.						
Significo, typed or protest raine of registered agreet and talls if applicable (NOTE 12. OFFICERS AND DIRECTORS			(NOTE Registe		eni signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	OBS IN 12	
TITLE	D DELETE			1.1 TITLE		ADDITION OF A TOUR OF A TOUR OF A	Chang		
NAME	ELMORE, HARVEY L		1.2	1.2 NAME				iZ,	
STREET ADDRESS	403 CHURCHILL DR		1.3	STREET	ADDRESS			\$1	
CITY-S1-ZIP	COCOA FL 32922		1.4	1.4 CITY-ST-ZIP					
TITLE	DELETE		DELETE 2.1	2.1 TITLE			Chang	ge L Addition	
NAME			2.2	NAME					
STREET ADDRESS			. 23	STREET	ADORESS				
CITY - ST - ZIP	DELETE			2 4 CITY-ST-ZIP					
TITLE		יט		TITLE			L Chang	ge 🔲 Addition	
. NAME			•	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				CITY-S	ST-ZIP		Chang	ge Addition	
NAME		ι	B ***	NAME			C. Onday	ופטונטות ניין פן	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-5					
TITLE				TITLE			Chang	pe Addition	
NAME				NAME					
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-S1-ZIP			5.4	CITY-ST	T-ZIP				
TITLE				TITLE			Chano	e Addition	

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 accument with an address.

SIGNATURE!

NAME STREET ADDRESS CITY-ST-ZIP

Havey L. Elman

2-18-88 407-49-6948