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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000038517**1. Corporation Name

Principal Place of Business

H & S CONSTRUCTION INC.

644-D CLEARLAKE RD COCOA FL 32922		644-D CLEARLAKE RD COCOA FL 32922		DO NOT WRITE	IN THIS S	SPACE	Ě		
					3. Date Incorporated or Qualifed 04/29/1996			<u> </u>	
2. Principal P	lace of Business	2a. Mailing Address	2a, Mailing Address		4. FEI Number			Appl	lied For
21 105	N Danca Dd	26 PO BOY 3865			59-3392125			<u> </u>	Applicable
Suite, Apt. #, etc. Range, Rd		Suite, Apt. #, etc.	Suite, Apt. #, etc. 3865		5. Certificate of Status Desired ~E]		75 Ad e Req	lditional uired
City & State		City & State	City & State		6. Election Campaign Financing	า	\$5.	.00 N	tay Be
23 Cocc	oa. Fl	28 Cocoa, Fl	Cocoa, Fl.		Trust Fund Contribution		Ad	ded to	Fees
Zip 24 3292	Country	zip 29 32924-3865 3	Country Bre		This corporation owes the current Personal Property Tax.		☐ Yes	ΧĮ	ÔNo
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	istered A	gent		-
EI M	ORE, HARVEY L		81	Name					ļ
644-	D CLEARLAKE RD		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
COL	OA FL 32922		83						٠,
	•		84	City		FL	85	Zip Cc	ode
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was auth lations of, Section 607.0505, Florid	orized by a Statutes	the corpor	orporation submits this statement for the puration's board of directors. I hereby accept th	DATE	ment a	as regi	stered
			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE				☐ Cha	ınge	☐ Addition
NAME	elmore, harvey l		1.2 NAME	}					
STREET ADDRESS	. 403 CHURCHILL DR		1.3 STREE	TADDRESS					
CITY-ST-ZIP	COCOA FL 32922		1.4 CITY-ST-ZIP						
TITLE		☐ DELETE	2.1 TITLE				Cha	inge	Addition
NAME			2.2 NAME						
STREET ADDRESS	•	•	2.3 STREE	FADDRESS	•				
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	La company of the contract of	<u> </u>			T Addition
TITLE		☐ DELETE	3.1 TITLE				☐ Cha	inge	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	}					
C/TY-ST-ZIP		D peregg	3.4. CITY-S	T-ZIP			Cha		Addition
TITLE		☐ DELETE	4.1 TITLE				01.6	a ige	
NAME			4. 2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS				1					
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP			Cha		☐ Addition
TITLE			5.1 IIILE 5.2 NAME						
NAME	•		5.3 STREET	TADORESS					
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZiP TITLE		☐ DELETE	6.1 TITLE				Cha	inge	Addition
NAME			6.2 NAME				_	-	`
STREET ANNUESS			6.3 STREE	TADDRESS					

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.

6.4 CITY-ST-ZIP

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90057 036 ***150.00