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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

P96000090174 (9)

DOCUMENT # P9600090174 (
HURRICANE DESIGN BUILD CONSTRUCTION, INC.

FILED May 19 1997 8:00am Secretary of State



Clay & State Specksonville FLOVIDE 28 Specksonville	Principal Place 12187 BEACH JACKSONVILLE	BLVD. STE 7	Mailing Address 12187 BEACH BLVD. S' JACKSONVILLE FL 322			
3.1.9 Soring Glen Rd 28 3.1.9 Soring Glen Rd 5.0 Art act 10 Soring Applicable 5.0 Certificate of Status Dosled 5.0 Art act 10 Soring Applicable 5.0 Certificate of Status Dosled 5.0 Art act 10 Soring Applicable 5.0 Art act 5.0 Art a						
Suite, April 4 c.			1 - ~	· 00 Pl. 0	4. FEI Number	
23 Revision 27 Revision 28 Revision 29				ing Gien Ko	,	\$8.75 Additional
Couply Part For Ida State Part Ida Part Ida State Part Ida Part Ida State Part Ida Sta			L 1	161	5. Certificate of Status Desired	1 (4)
9. Name and Address of Current Registered Agent 10. Name and Address of Service New Epitered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name and Address of New Registered Agent 14. Name and Address of New Registered Agent 15. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name an	('	onville, Florio	City & State	le, Florio		40144
SALEY, DAVID BALEY, DAVID 10. Name and Address of New Registered Agent 11. Furnament is the provisional of Societies 607 0502 and 607 1508, Econda Statutes, the above-named corporation submits in adaptement for the purpose of changing its registered agent 1 and family and faccipation of years of Parish, Societies (Societies 607 0502 and 607 1508, Econda Statutes, the above-named corporation submits into adaptement for the purpose of changing its registered agent 1 and family and faccipation of years of Parish, Societies (Societies 607 0502 and 607 0502 an		⊿		L // '	8. This corporation has liability	
BALEY, DAVID 12187 BEACH BLVD. STE 7 JACKSONVILLE FL 32246 B1 Street Address (P.O. Box Number is NO Apopphables) B2 Street Address (P.O. Box Number is NO Apopphables) B3 Street Address (P.O. Box Number is NO Apopphables) B4 City Spring Glan Ro Shift Plant Rough R	24 322-0			30 /4 Mar 10	10. Name and Address of Nev	
12. Pursuand to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation white this element for the purpose of changing its registered agent I am familiar with, and locusery to offigations of, spright 607,0502 and 607,1508. Florida Statutes, the above-named corporation within this element for the purpose of changing its registered agent I am familiar with, and locusery to offigations of, spright 607,0505. Florida Statutes, the above-named corporation within this element for the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the purpose of changing its registered agent I am familiar with a control of the corporation of the registered agent I am familiar with an addition of the corporation of the registered agent I am familiar with an addition of the corporation of the registered agent I am familiar with an addition of the corporation of the corporation of the registered of the corporation of the registered of the corporation of the registered of the corporation of th	BAIL			81 Name	0 /0 /	
SIGNATURE 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12.	JAC	KSONVILLE FL 32246	77.0502 and 602.1508. Florida Stati	83 84 City	3119 Spring Gla Dacksonville	FL 85 Zip Code 32201
12. OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12 TOTI BAILEY, DAVID BAILEY, DAVID 12187 BEACH BLVD. STE 7 JACKSONVILLE FL 32248 DELETE 11 TITLE DAVID BAILEY, DAVID 12 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-2P JACKSONVILLE FL 32248 DELETE 21 TITLE 22 NAME 22 STREET ADDRESS 31 O SPET-YOLD A SWING 14 CITY-ST-2P 31 O SPET-YOLD A SWING 31 O SPET-YOLD A SWING 32 STREET ADDRESS CITY ST-2P 10 DELETE 33 STREET ADDRESS CITY ST-2P 14 CITY-ST-2P 15 DELETE 34 STREET ADDRESS CITY ST-2P 15 STREET ADDRESS CITY ST-2P 16 DELETE 35 STREET ADDRESS CITY ST-2P 17 STREET ADDRESS CITY ST-2P 18 DELETE 35 STREET ADDRESS CITY ST-2P 18 DELETE 18 STREET ADDRESS CITY ST-2P CITY ST	office or reg agent. I am	gistered agent, or both, in the familiar with, and accept the	Proble and 607. 1508, Florida Statu State of Florida. Such change was offigations of, Section 607.0505, F	authorized by the corr forida Statutes	corporation's board of directors. I hereby a	the purpose of changing its registered accept the appointment as registered
Delete 11 Time David Bailey TIM Phange Addition David Bailey TIM Phange Addition David Bailey TIM David Bai	SIGNATURE &	agriculted Typed of printed frame of registe	ered) gent and tillo if applicable (NC	Y d DB/49 TE: Ragistered Agent sign/lure	required when reinstating)	DATE THE 1, 1991
BALEY, DAVID 12187 BEACH BLVD. STE 7 JACKSONVILLE FL 32246 12 STREET ADDRESS 14 CHY-SL-2P JACKSONVILLE FL 32246 12 STREET ADDRESS 14 CHY-SL-2P JACKSONVILLE FL 32246 12 STREET ADDRESS 14 CHY-SL-2P JACKSONVILLE FL 32246 12 STREET ADDRESS 13 STREET ADDRESS 14 CHY-SL-2P JACKSONVILLE FL 32246 12 STREET ADDRESS 13 STREET ADDRESS 14 STREET ADDRESS 15 STREET ADDRESS 16 STREET ADDRESS 17 STREET ADDRESS 18 STREET ADDRESS 18 STREET ADDRESS 18 STREET ADDRESS 18 STREET ADDRESS 19	12.	OFFICER	RS AND DIRECTORS		ADDITIONS/CHANGES TO C	
12187 BEACH BLVD. STE 7 12 STREET ADDRESS 3/19 Spring Gien Rd Snife 7/1/ Sneet ADDRESS 14 CITY-ST-2IP Sneet ADDRESS 14 CITY-ST-2IP Sneet ADDRESS Sneet ADDRE	TPLE		L_ DELETE			Change Addition
DELETE 21 TILE DELETE 22 NAME 22 STREET ADDRESS 2.4 CITY-ST-2P SACKSONVILLE FLOVID'S 52-20 Change Addition Manual Man			rF 7		THE SOCIOL CHAP	d snife #101
DELETE 21 TITLE 2 NAME 23 STREET ADDRESS 24 CITY-ST-ZP 25 NAME 25 NA					Sacksonville FLoric	12 52207
2.3 STREET ADDRESS 2.4 CHY-ST-ZP			DELETE		P	
2.3 STREET ADDRESS 2.4 CHY-SI-ZP 2.4 CHY	NAME			2.2 NAME	Anthony J. Briken	1 4.01
DELETE DELETE STREET ADDRESS STR	STHEET ADDE:55			2.3 STREET ADDRESS	3119 Spring Glen 1	ed suite#101
SHEEL ADDRESS SITE ADDRESS SHEEL ADDRESS SHE			D pc) FTE		Jacksonville, FLOR	10A 32201
SHEET ADDRESS CITY ST 7/F TITLE DELETE 4.1 TRUE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-7/F DITTE DELETE 5.1 TRUE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-7/F DITTE 5.3 STREET ADDRESS CITY-ST-7/F DITTE 5.4 CITY-ST-7/F DELETE 5.5 STREET ADDRESS CITY-ST-7/F DELETE 5.5 STREET ADDRESS CITY-ST-7/F DELETE 6.1 TRUE 6.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-7/F DELETE 6.3 STREET ADDRESS CITY-ST-7/F TALE DELETE CHANGE DELETE CHANGE DELETE CHANGE DELETE DELET			☐ DETER			LT CHANGE (LT Addition
3.4. CITY-ST-ZIP DELETE						
DELETE 4,1 Title						
A 3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition STREET ADDRESS			DELETE			Change Addition
CITY-ST-ZIP THE DELETE 5.1 TITLE Change Addition KAME STREET ADDRESS CITY-ST-ZIP THE DELETE 6.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZIP THE DELETE 6.1 TITLE Change Addition Change Addition Change Addition Change Addition Addition STREET ADDRESS 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 arm 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 Manged, or on an attachment with an address.	NAME			4. 2 NAME		
THE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CHY: ST-ZIP THE DELETE 5.1 TITLE DELETE 5.1 TITLE STREET ADDRESS STREET ADDRESS SHEET ADDRESS CHY: 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 arn 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 manged, or on an attachment with an address.	STREET ADDRESS			4.3 STREET ADDRESS		
STREET ADDRESS City: 51-28 THE DELETE 53 STREET ADDRESS 54 CITY: 51-28 THE DELETE 51 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition 14 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 arn 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 planted, or on an attachment with an address.	City - St - 7iP		·····	4.4 CITY-ST-ZIP		
53 STREET ADDRESS CHY-ST-ZIP THLE DELETE 5.1 TITLE Change Addition 62 NAME 63 STREET ADDRESS CHY-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 arm 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 manged, or on an attachment with an address.	Itti		DELETE	5.1 TITLE		Change Addition
SACITY-ST-ZIP THAT DELETE 5.1 TITLE Change Addition Addition 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 1. 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 receivor 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 manged, or on an attachment with an address.	NAME					
THE DELETE 5.1 TITLE Change Addition SHIFT ADDRESS CITY-ST-ZIP 1. Ido 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 included 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 manged, or on an attachment with an address.	STREET ADDRESS			5.3 STREET ADDRESS		
62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 13 if manged, or on an attachment with an address.			T DELETE			Abana Talasa
\$1000 STREET ADDRESS 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 13 if plantied, or on the allocking and address.			L_j Utitlt			LI Change LI Addition
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 arm 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 planted, or on an attachment with an address.				•		
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 13 if pharmed, or on an attachment with an address.	· · ·			l.		
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 phanged, or on an attachment with an address.	14. Ldo hereby	y certify that the information s	applied with this filing does not qua	lify for the exemption s	tated in Section 119.07(3)(i). Florida Sta	atutes. I further certify that the
appears in Block 12 or Block 13 if changed, or gorgh attachment with an address.	information	rindicated on this annual repo	ort or supplemental annual report is	true and accurate and	that my signature shall have the same	legal effect as if made under oath; that
					epoit as required by Chapter 607, Flor	nua otatutes; and mat my name
					1Roland Al and	27 600/ 200 0000