05-08-1999 90042 032 \*\*\*550.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000092169.

1. Corporation Name

HERRENICK'S-CONTRACTING, INC.

Principal Place of Business Mailing Address							, 134, 132, 132, 133, 134, 134, 134, 134, 134, 134, 134			
1506 PRUDENTIAL DRIVE 1506 PRUDEN			rd Herbenick Joential Drive Wille Fl 32207				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
							11/08/1996			
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number			Applied For
21		26	26				59-3423680			Not Applicab
	Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  25  9. Name and Address of Curren  HERBENICK, RICHARD  1506 PRUDENTIAL DRIVE  JACKSONVILLE FL 32207  Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga  GNATURE  Signature, typed or printed name of registered agent.		Apt. #, etc.				5. Certifcate of Status Desired See Required			
	e	27 City & 3	State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be
23		28					Trust Fund Contribution		Adde	d to Fees
	· ·	Zip 29		Coul	ntry		This corporation owes the currer     Personal Property Tax.	it year Inta	ngible Yes	□No
24			gent	100			10. Name and Address of New Re	gistered A	Agent	
			<u></u>		81	Name				
					82	Street Addr	tress (P.O. Box Number is Not Acceptable)			
					83					
				84	City		85 Zi	85 Zip Code		
=						nt signature require		DATE	<u>. – _                                   </u>	
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PD		☐ DELETE	1.1 717	LLE				Chang	ge 🗌 Addi
NAME	HERBENICK, RICHARD			1.2 NA						
STREET ADDRESS	1506 PRUDENTIAL DRIVE					TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32207		DELETE	1.4 CF		T-ZIP			Chang	ge 🗌 Addi
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NAME	HERBENICK, JEFF   1506 PRUDENTIAL DRIVE					TADDRESS				
STREET ADDRESS	JACKSONVILLE FL 32207					ST-ZIP				
CITY-ST-ZIP TITLE	WONDOITHELE I E DEED!		DELETE	3.1 TIT					Chang	ge 🗌 Addi
NAME				3.2 NA		1				
STREET ADDRESS				3.3 ST	REET	T ADDRESS				
CITY-ST-ZIP				3.4. C	ITY-S	ST-ZIP				
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NAME				4. 2 N	AME					
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NAME				5.2 N						
STREET ADDRESS						T ADDRESS				
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TITLE	I		□ DELETE	6.1 Ti	ILE	!			CT custil	3c 1700

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 accordate 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

904-465.3405