## 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 # P97000078108

1. Corporation Name

H-&-H-WATERPROOFING; INC.

Hat Hydroblasting, Inc.

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90020 011 \*\*\*150.00



Fillicipal Flace	e or president	maining / tool coo					
458 1ST STREE GENEVA FL 327		458 1ST STREET Geneva FL 32732				00405	
					DO NOT WRITE IN THIS	SPACE	
					<ol> <li>Date Incorporated or Qualified</li> <li>09/08/1997</li> </ol>		
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number	A	Applied For
26					59-3467712		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			_		F. C. different of Status Desired	\$8.75	Additional
22	27			ساحيتار	5. Certificate of Status Desired	Fee P	Required
City & State	e	City & State	_		6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip			Count	Country 8. This corporation owes the current year Intangible			
24	25 29 30		30			□No	
24	. 9. Name and Address of Curre		14-21		10. Name and Address of New Registered	Agent	
	The state of the s		8	1 Name			
HES:	s, Brenda		<u> </u>	<u> </u>	(D.O. Day Number in New Assessments)		
. 458 1ST STREET				Street Address (P.O. Box Number is Not Acceptable)			
l •	EVA FL 32732		8	3			
				-			
			8	4 City	:: EI	85 Zip	Code ·
						<u>- '                                    </u>	to registered
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu e of Florida, Such change was a	tes, the abo	ove-named corporation	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	r changing it jintment as r	registered
agent. I a	m familian with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statut	es.		_	í
SIGNATURE	Bunda &	en			3-/	5-99	<u> </u>
SIGITATION	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	E: Registered A	gent signature requir	ed when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	C DELETE	1.1 TITLI	<b> </b>		Change	Addition
NAME	HESS, BRENDA		1.2 NAM	E			
STREET ADDRESS	458 1ST STREET		1.3 STRI	EET ADDRESS			Í
CITY-ST-ZIP	GENEVA FL 32732		1.4 CITY	-ST-ZIP			
TITLE	VPD	<b>DELETE</b>	2.1 TITLE	Ξ	W-1-1-1	☐ Change	e ☐ Addition
NAME	HESS, RUSSELL		2.2 NAM	E .			ļ
STREET ADDRESS	458 1ST STREET		23 STR	EET ADDRESS			,
ł	GENEVA.FL.32732						
-CITY-ST-ZIP	STD STD		3.1 TITLE	/-ST-ZIP -		["] Change	e Addition
TITLE		i beter					
NAME	HESS, DONALD		3.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	GENEVA FL 32732		_	/-ST-ZIP	·		
TITLE		□ DELETE	4.1 TITL	E		☐ Change	e Addition
NAME	ļ	•	4. 2 NAN	Æ			ŀ
STREET ADDRESS	1		4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITL			Change	e Addition
NAME			5.2 NAM	Ε			
STREET ADDRESS		•	5.3 STR	EET ADDRESS			ı
{				-ST-ZIP			
C/TY-ST-ZIP	7-78-78-1		6.1 TiTL			Change	e Addition
TITLE		∑ prtric	6.2 NAM				
NAME				;			
STREET ADDRESS	}	•		EET ADDRESS	•		
CITY, ST. 7ID	İ		6.4 CITY	-ST-ZiP			

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.