2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000085934

1. Entity Name
H & T STRUCTURAL SERVICES, INC.

Principal Place of Business	Mailing Address
4141 HONEYSUCKLE CIR MIDDLEBURG, FL 32068 US	4141 HONEYSUCKLE CIR MIDDLEBURG, FL 32068 US

DO NOT WRITE IN THIS SPACE

03012004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3471550	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARKHUFF, TERRY
4141 HONEYSUCKLE CIR
MIDDLEBURG, FL 32068

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000083473
03/10/04 00040-022 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PVP
NAME	CARKHUFF, HOWARD T
STREET ADDRESS	4141 HONEYSUCKLE CIRCLE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	ST
NAME	CARKHUFF, TERRY L
STREET ADDRESS	4141 HONEYSUCKLE CIR
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Howard Carkhuff_ – HOWARD T GARKHUFF 3/3/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #