

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90085 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000015281**

1. Corporation Name

**JOHN HITE GENERAL CONTRACTOR, INC.**

Principal Place of Business

**5471 CIRCLE DR.  
SPRING HILL FL 34607**

Mailing Address

**5471 CIRCLE DR.  
SPRING HILL FL 34607**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/16/1998**

4. FEI Number

**59-1282892**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 9167 Ostrom Way**  
Suite, Apt. #, etc.

**22 Brooksville, FL**

**23 34613 USA**  
City & State  
Zip Country

**24 25 29 30**

2a. Mailing Address

**26 9167 Ostrom Way**  
Suite, Apt. #, etc.

**27 Brooksville, FL**

**28 34613 USA**  
City & State  
Zip Country

**29 30**

9. Name and Address of Current Registered Agent

**HITE, JOHN  
5471 CIRCLE DR.  
SPRING HILL FL 34607**

10. Name and Address of New Registered Agent

**81 Name Hite, John**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**9167 Ostrom Way**

**83 Brooksville, FL**

**84 City**

**FL 85 Zip Code 34613**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D** ☐ DELETE  
**NAME HITE, JOHN**  
**STREET ADDRESS 5471 CIRCLE DR.**  
**CITY-ST-ZIP SPRING HILL FL 34607**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** ☐ Change ☐ Addition  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**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.

SIGNATURE:

*John Hite*  
**John Hite**

**1/25/99 (352) 597-7436**  
Date Daytime Phone #

CR2E034 (11/98)