## 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 # P98000028280 1. Corporation Name

HR COMMERCIAL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address



5405 CYPRESS SUITE -920° 3° 7 TAMPA FL 3360	ro	5405 CYPRESS CENTER DRIVE SUITE 826 まとつ TAMPA FL 33609			}	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  03/25/1998				
2. Principal Plants	ace of Business CYPRESS CENTER DRIVE	2a. Mailing Address 26 5405 CYPAUS	s Cevr	51)4	110	4. FEI Number 59-350823	31		Applied For Not Applicable	
Suite, Apt. 1		Suite, Apt. #, etc. 27 3 2-0	~			5. Certifcate of Status Desired	ı 🗆	7	Additional Required	
City & State  City & State  23 1 AMPA, FL  28 1 AMPA, FL			ī			<ol><li>Election Campaign Financi Trust Fund Contribution</li></ol>	ng 🖸	,	May Be to Fees	
Zip 24 3360		Zip 29 33609 3	Country			8. This corporation owes the operation of the Personal Property Tax.		Yes	ЖNo	
	9. Name and Address of Current F	Registered Agent	81	Name		10. Name and Address of Ne	w Registereu /	Agent		
HOLCOMB, VICTOR W										
415 S. HYDE PARK AVENUE					eet Address (P.O. Box Number is Not Acceptable)					
IAMI	PA FL 33606		83							
		·	84				FL	.	Code	
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.	Signature, typed or printed name of registered agent at OFFICERS AND		13.	K signature	reduien	ADDITIONS/CHANGES TO		D DIRECT	ORS IN 12	
TITLE	D OFFICERS AND	DELETE	1,1 TITLE	-	Ţ	//	<u>***:</u>	Change		
NAME	RATH, FRED H	-	1.2 NAME		1		· .	~		
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,			T ADDRESS	540	OS CYPRESS CEN	TEL DAV	k, Juli	T 720	
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-S		]	_		<b>'</b>	. <u> </u>	
TITLE	D	☐ DELETE	2.1 TITLE		<b>†</b>			Change	Addition	
NAME	HARPER, WILLIAM H		2.2 NAME	1	١.	n. One	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- P. L	. 15-	
STREET ADDRESS				3 STREET ADDRESS 54		05 CYPRESS CEVIER Daire, Su			2250	
CITY-ST-ZIP	TAMPA FL 33609		2. 4 CITY-5	ST-ZIP				·		
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NAME			3.2 NAME	!	)				ļ	
STREET ADDRESS			3.3 STREE	T ADDRESS						
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	e 🗀 Addition	
NAME			4. 2 NAME							
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CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>					
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NAME			5.2 NAME	i					J	
STREET ADDRESS			5.3 STREE	T ADDRESS					1	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					'	
TITLE		DELETE	6.1 TITLE				<del></del>	Change	e	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADORESS						
			64 CITY S	T 710						

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 exercise employment of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co Block 12 or Block 13 if cha

SIGNATURE

813-636-8860