

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91385 044 ***150.00

DOCUMENT # PA8000037699

1. Entity Name

John Hinson Construction, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1478 Concord Bainbridge Rd.
Suite, Apt. #, etc.

3. Mailing Address

1478 Concord Bainbridge Rd.
Suite, Apt. #, etc.

City & State

Havana, Florida

City & State

Havana, Florida

Zip

32333

Country

Gadsden

Zip

Country

4. FEI Number

59-3849456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Adrienne Hinson

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

1478 Concord Bainbridge Rd.

City

Havana

FL

Zip Code

32333

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.

SIGNATURE

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

Adrienne Hinson
(NOTE: Registered Agent signature required when reinstating)

5/1/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>John Hinson</u> <u>1478 Concord Bainbridge Rd.</u> <u>Havana, Fl. 32333</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Pat Spears</u> <u>2921 S Meridian St.</u> <u>Tallah. Fl. 32301</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Derrick Backton</u> <u>2051 Dellwood Dr.</u> <u>Tallah. Fl. 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 11 or on an attachment with an address, with all other lines empowered.

SIGNATURE:

John Hinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
Date

544-0601
Daytime Phone #

CR2E034B (12/01)