PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000043681

T.L. HUNT CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business Mailing Address											
5008 WEST LINEBAUGH AVE STE. 1 5008 WEST LINEBAUGH AVE TAMPA FL 33624 TAMPA FL 33624 ,				/e ste	. STE. 1			DO NOT WRITE IN THIS	SPACE		
								3. Date Incorporated or Qualifed]	
	•							05/12/1998		į	
Principal Place of Business 2a. Mailing Address								4. FEI Number	11,	Applied For	
26								59-3516168		Not Applicable	
Suite, Apt. #, etc. Suite 22			Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State								6. Election Campaign Financing	\$5.0	0 May Be	
23			8					Trust Fund Contribution Added to Fees			
Zip Country Zip			ip Country					8. This corporation owes the current year Intangible			
24	25	29		30				Personal Property Tax.	Yes	₩No	
	9. Name and Address of Current	t Regist	ered Agent					10. Name and Address of New Registered	Agent		
DDA	TECL FINE O				81	Name					
PRATESI, EMIL G					82	Street	eet Address (P.O. Box Number is Not Acceptable)				
1253 PARK STREET											
ULE	ARWATER FL 34616				83					1	
					84	City		FL	85 Zi	Code	
44 Durmunt	to the provisions of Sections 607 0500	2 and 60	7 1508 Florida Statut	es the :	above	-named	cornor	ration submits this statement for the nurnose of	changing	ts registered	
office or i	registered agent, or both, in the State of the familiar with, and accept the obligat	of Florid:	a. Such change was a	Uthorize	d by 1	he corpo	oration	's board of directors. I hereby accept the appoi	ntment as	registered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					gistered Agent signature required		equired v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. ΠΤLE	OFFICERS ANI	ט טוגבי	DELETE	_	ITLE	•	_		Change		
					IAME			esident	_ ,		
NAME						ADDRESS		rrence L. Hunt		ļ	
STREET ADDRESS							50	08 W. Linebaugh Ave.	#1	ł	
CITY-ST-ZIP			☐ DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE		_Ta	mpa, Fl. 33624	☐ Change	e Addition	
TITLE				2.2 NAME						_	
NAME						ADDRESS				1	
STREET ADDRESS					CITY-SI						
CITY-ST-ZIP TITLE -			DELETE	_	TILE	1-ZIP			Change	e	
NAME					3.2 NAME			• •			
STREET ADDRESS				•		ADDRESS				ĺ	
				3.4. CITY-ST-ZIP							
CITY-ST-ZIP TITLE				4.1 TITLE				Change	e		
NAME					VAME			2		1	
STREET ADDRESS						ADDRESS				1	
CITY-ST-ZIP	·				ITY-ST						
TITLE			☐ DELETE	_	TLE				☐ Chang	e 🔲 Addition	
NAME					IAME					J	
STREET ADDRESS				5.3 9	TREET	ADDRESS				Ì	

I hereby certify that the information supplied with this filing does not qualify to indicated on this annual report or supplemental annual report is true and accurately officer or director of the corporation or the receiver or trustee empowered to explore 12 or Block 12 or Block 13 if changed, or on an attachment with an address with all the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90006 046 ***150.00

☐ Addition