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AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 99 OCT 19 PM 3: 26 **DOCUMENT #** P98000067239 SEGRETARY OF STATE TALLAHASSEE, FLORIDA HEBERT CONTRACTING CORP Mailing Address Principal Place of Business 1906 ROSEDALE DR P O BOX 3769 TALLAHASSEE FL 32315 TALLAHASSEE FL 32303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1998 2. Principal Place of Business 2a. Mailing Address Applied For 21 1905 Rosca -35416 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zφ Country Zip Country 8. This corporation owes the current year Yes **☑**No 25 29 30 Intangible Personal Property. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HEBERT, HAROLD L Street Address (P.O. Box Number is Not Acceptable) 82 1905 ROSEDALE DR TALLAHASSEE FL 32303 City Zip 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 CR2E034 (5/99) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PRES. 1.1 TITLE TITLE DELETE Change Addition HAROUS NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 2303 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS ****550.00 ****550.00 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 DILE TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS he exemption stated in section 118.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am a specute this report as required by Chapter 607, Florida Statutes; and that my name appears 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accelerate of director of the corporation or the receiptor of trustee indicate the company of the corporation of the receiptor of trustee indicate the corporation of the receiptor of trustee indicate the corporation. SIGNATURE:

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15. 1999.