

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00682 (2)

1. Corporation Name

J. & H. BUILDING CONSULTANTS, INC.



Principal Place of Business

8211 COLEE COVE BRANCH RD.
ST. AUGUSTINE FL 32092

Mailing Address

8211 COLEE COVE BRANCH RD.
ST. AUGUSTINE FL 32092

2. Principal Place of Business

2a. Mailing Address

21 11 ROLLINS DRIVE

26 11 ROLLINS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PALM COAST FL

28 PALM COAST FL

Zip

Country

Zip

Country

24 32137

25

29 32137

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/17/1990

3a. Date of Last Report

02/13/1995

4. FEI Number

59-3027295

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

11 ROLLINS DRIVE

PALM COAST FL

85 Zip Code

32137

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 the applicant.

(If DTE Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
NAME HACKETT, CHARLES RICHARD
STREET ADDRESS 8211 COLEE COVE BRANCH R
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

TITLE

VD
NAME HACKETT, CHARLES I.
STREET ADDRESS 2270 DEERWOOD ACRES DR.
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

TITLE

STD
NAME HACKETT, JO ANN
STREET ADDRESS 8211 COLEE COVE BRANCH R
CITY-ST-ZIP ST. AUGUSTINE FL

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Hackett

904-446-9332

CR2E034 (12/95)