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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

BEVERLY C. HICKERSON BUILDING CONTRACTOR, INC.									
rincipal Place of		Mailing Address							
23 HIGHLAND	AVENUE S FL 33906-6409	23 HIGHLAND AVENUE LEHIGH ACRES FL 339							
LEGION NONE	3 1 2 33300 0400	20.00			3. Date Incorporated or Qualified 06/10/1991	Qualified 3a. Date of Last Report 06/08/1995			
. Principal Place	o of Rusiness	2a. Mailing Address				4. FEI Number			pplied For
Principal Place	6 Ot Drital 1629	26			65-0279846 Not Applicable \$8.75 Additional				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fea R	equired	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip	Country 25	Zip 29	Gountry 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren					10. Name and Address of New F	legistered	Agent	
				81	Name				
HICKERS	SON, BEVERLY C.			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
	LAND AVENUE								
LEHIGH	ACRES FL 33436			83					
				84	City		FL	1 1	Code
		TO THE STATE OF TH	an the ob	1 1	amed corner	ration submits this statement for the pure of directors. I hereby accept the appropriate the pure of t	irpose of ch	anging its r	egistered offic
GNATURE -		D DIRECTORS	13.		a signature rector o	ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC:TO ☐ Change	RS IN 12
nt	D	☐ DELETE	1. 1	TITLE				L_F Change	☐ Applifor
AME	HICKERSON, BEVERLY C.			NAME					
HEET ADDRESS	23 HIGHLAND AVENUE				ADDRESS				
1Y - S1 - ZIP	LEHIGH ACRES FL			1.4 CITY - ST - ZIP 2 1 TITLE				☐ Change	☐ Additio
LF	HICKERSON, HARRY W.	- October	1	NAME					
ME ADODE CE	23 HIGHLAND AVENUE		23	STREET	ADDRESS				
REET ADORESS Ty-St-zip	LEHIGH ACRES FL		24	CITY-S	ST-ZIP				CD Additio
TLE	D	☐ DELETE		3. 1 TITLE				Charige	Additio
AME	HICKERSON, MARK E			NAMÉ					
TREET ADDRESS	23 HIGHLAND AVE				T ADDRESS				
17-SI-ZIP	LEHIGH FL	☐ DELETE		CITY-S I TITLE	ST · ZIP			Change	Additio
īLĒ				NAME					
AME			4		I ADDRESS				
TREET ADDRESS					ST-ZIP				
ITY - ST - ZIP ITLE		DELETE		1 TITLE				☐ Change	☐ Additio
AME			5.2	P NAME					
TREET ADDRESS			5.3	STREE	I ADDRESS				
CITY - ST - ZIP		PT on Fig.			SI - ZIP			Change	Addition
TITLE		☐ DEFELE		1 TITLE				a.	
NAME				2 NAME 5 CTOCO	ET ADDRESS				
STHEFT ADDRESS				LOITY	C1 710				
CITY - ST - ZIF	andife that the information empolic	d with this filing is voluntarily for				y for the exemption stated in Section 1 trate and that my signature shall have t	19.07(3)(k),	Florida Sitat	utes. I further
certify tha	at the information indicated on this are than an officer or director of the cor	noration or the receiver or trus	stee empo	wered	to execute	y for the exemption stated in Section trate and that my signature shall have this report as required by Chapter 607	, Florida Sta	itutes; ario t	ласту патк

SIGNATURE: