FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S75069

(2)

H R JUSTICE CONTRACTING COMPANY, INC.

FILED Apr 13 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					911 818(1 818(1 818(1 184)	
RT 1 BOX 513A BRYCEVILLE FL 32009		RT 1 BOX 513A BRYCEVILLE FL 32009				
					DO NOT WRITE IN THIS SE	ACE
					3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2e Mailing Address	2a. Mailing Address		08/20/1991 4. FEI Number	Applied For
21		₁	26		59-3089848	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	Fee Required
City & State		City & State	 		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
——¬		Zib	Zip Country		8. This corporation owes or has paid the curre	
24	25 29 30		30			Yes 🔀 No
	9. Name and Address of C	urrent Registered Agent	8-	M	10. Name and Address of New Registered A	gent
	STICE, HUBERT		ľ	Name		
	1 BOX 513A		83	Street Add	dress (P.O. Box Number is Not Acceptable)	
BRYCEVILLE FL 32009			83			
			6,	'[
			84	Cily	FL	85 Zip Code
office or r	egistered agent, or both, in the	7.0502 and 607.1508, Florida Statute State of Florida Such change was a obligations of, Section 607.0505, Flor	uthorized k	y the corpora	rporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoi	hanging its registered ntment as registered
ŭ	on raminar wan, and accept the	obligations of, Section 607.0505, Mol	rida Statut	:5.		
SIGNATURE	Signature, typical or printed numer of register	redingrint and title it apps cable (NOTE	Registered A	unt signature requ	pired when reinstating) DATE	
12.	OFF ICE R	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
THILE	D	☐ DELETE	1.1 TOLE			Change Addition
NAME	JUSTICE, HUBERT		1.2 NAME	-		
STREET ADDRESS	RT 1 BOX 513A		1.3 STREE	T ADDRESS		
CITY-ST-ZIP			1.4 CITY-	ST - ZIP		
TITLE			2.1 TITLE		L	_ Change Addition [
NAME			2.2 NAME			
STREET ADDRESS				T ADORESS		
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CITY-ST-ZIP			5.4 CITY -			ĺ
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 1111.6			Change Addition
NAME			6.2 NAME	}	_	
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			6.4 CITY-	- 1		

14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

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A Thomas Tropics 41.98

and 211,01.75