## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 12 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$94411

(3)

**HUMSTON CONSTRUCTION COMPANY, INC.** 

Principal Place of Business Ma				Mailing Addr	Mailing Address			I Jemilaid iid idiii i		arem bisk slek bisk	01011 01011 1001	
P.O. BOX 3294					P.O. BOX 3294							
DELAND FL 32723-3294				DELAND FL 3	DELAND FL 32723-3294				DO NOT WRITE	INI TUIC COACE		
								3. Date Incorporate		3a. Date of Las	et Poport	
ì								11/15/1991	a or Qualified	04/15/198	•	
2. Principal Place of Business				2a Mailing A	2a. Mailing Address			4. FEI Number			Applied For	
21					26			59-3088689	7,44			
	Suite, Apt.	#. etc.			Suite, Apt. #, etc.				SS 75 Additional			
22		,			27			5. Certificate of Sta	tus Desired	+	Required	
	City & State	ity & State			City & State			6. Election Campaig	on Financing	\$5.0	00 May Be	
23	•			28	28			Trust Fund Contr			ed to Fees	
	Zip		Country	Zip		Country		8. This corporation	owes or has pai	d the current veai	Intangible	
24		25 29 30				0]	Personal Property Tax due June 30. Yes No					
	9. Name and Address of Current Registered Agent							10. Name and Addr	ess of New Reg	lstered Agent		
HUMSTON, DREW C.						81	Name					
3625 WILLOW AVENUE DELAND FL 32720								ddress (P.O. Box Number i	ress (P.O. Box Number is Not Acceptable)			
DELAND FL 32/20						83						
						84	City			85 2	ip Code	
										, PL		
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 regional conficeror 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 regist agent. I am familia with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signatur, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remistating)										as registered		
12		Organizati, spreed		ND DIRECTORS	(NOTE )	13.	THE O'GITALOIC TO	ADDITIONS/CHAN	IGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
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NAJ	ME	HUMSTO	n, drew c.			1.2 NAME						
STE	REET ADDRESS		3294 N/A			1.3 STREET	ADDRESS					
	Y-ST-ZIP	DELAND				1.4 CITY-S						
TITI					DELETE	2.1 TITLE	1 4 11			☐ Chan	ge Addition	
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STF	LEET ADDRESS					2.3 STREET	ADDRESS					
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NAM				_		5.2 NAME						
	EET ADDRESS					5.3 STREET	ADDRESS					
	Y-ST-ZIP					5.4 CITY-S					ļ	
TITL					DELETE	6.1 TITLE	1 EH			Chan	ne Addition	

6.1 TITLE

6.2 NAME

14. I do hereby 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 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 in changed, or on an attachment with any address.

**63 STREET ADDRESS**