SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # V37648 (5)FRANK C HUNTER, GENERAL CONTRACTOR. INC. Mailing Address Principal Place of Business 731 NE 47TH CT. 731 NE 47TH CT. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 3a. Date of Last Report 3. Date Incorporated or Qualified 05/18/1992 04/14/1995 4. FEI Number Applied For 2. Principal Place of Busine 2a. Mailing Address 65-0333870 Not Applicable \$8.75 Additional Suite, Apt. # etc. Suite, Apt #, etc 5. Cert-licate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible taxuader s. 199 032 //5 📋 Yes 🗗 Ν'n Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name HUNTER, FRANK C. Street Address (P.O. Box Number is Not Acceptable) 731 NE 47TH CT. 82 OAKLAND PARK FL 33334 83 Zip Code 84 City 85 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 hoard of directors. I hereby accept the appointment as registered agent. Lam familiar with, and agent the obligation of School of October Florida Statutes. office or registered agent or both, in the State of agent. Lam familiar with and account the obligation 8-4-96 (NOTE: Registered Agenit signut ine required when recision op-(3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.111716 THILE HUNTER, FRANK C. 1.2 NAME CR2E034 NAME 731 NE 47TH CT. 1.3 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 1 4 CITY - ST - ZIF CITY - ST - ZIP Change Addition DELETE 2 LITTLE TIFLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 41 THILE TIFLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - S' - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST ZIP CITY-ST-ZIP Change AdJit on DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - St - 7-P 14. I do hereby certify that the information supplied with this filling 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 received in trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my riame appears in Block 12 or Block SIGNATURE: