

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G24091

(2)

1. Corporation Name

HAB CONSTRUCTION, INC.

Principal Place of Business

5618 SW 5TH AVE
CAPE CORAL FL 33914

Mailing Address

5618 SW 5TH AVE
CAPE CORAL FL 33914-7203



3. Date Incorporated or Qualified

02/10/1983

3a. Date of Last Report

07/03/1996

4. FEI Number

59-2276569

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

☐ Yes ☒ No

2. Principal Place of Business

21 7298 POMEGRANATE DR

Suite, Apt. #, etc.

22 BOKEELIA, FL

City & State

23

24 33922

Country

25 USA

2a. Mailing Address

26 7298 POMEGRANATE DR

Suite, Apt. #, etc.

27 BOKEELIA, FL

City & State

28

29 33922

Country

30 USA

9. Name and Address of Current Registered Agent

BOIES, HARRY A, JR
5618 SW 5TH AVE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Harry A Boies Jr

(NOTE: Registered agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BOIES, HARRY A. JR.	
STREET ADDRESS	5618 SW. 5TH AVENUE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BOIES, HARRY A, JR	
STREET ADDRESS	5618 SW 5TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 SET ADDRESS	
1.4 C-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 SET ADDRESS	
2.4 -ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 SET ADDRESS	
3.4 -ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 SET ADDRESS	
4.4 -ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 SET ADDRESS	
5.4 -ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 SET ADDRESS	
6.4 -ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file 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:

Harry A Boies Jr

1-27-97

Date

941-283-9700

Daytime Phone #

CR2E034 (9/96)