

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P08784** (1)  
1. Corporation Name  
**HANOVER CONSTRUCTION COMPANY, INC.**



Principal Place of Business: **5847 SAN FELIPE #3600 HOUSTON TX 77057**  
Mailing Address: **5847 SAN FELIPE #3600 HOUSTON TX 77057**

3. Date Incorporated or Qualified: **01/08/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **76-0111881**  
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  
10. Name and Address of New Registered Agent

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address: Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, applicable) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	CC	<input type="checkbox"/> DELETE
NAME	BERGERON, BEN	
STREET ADDRESS	5847 SAN FELIPE, #3900 3600	
CITY- ST- ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOWDEN, J. MURRY	
STREET ADDRESS	5847 SAN FELIPE, #3900 3600	
CITY- ST- ZIP	HOUSTON TX	
TITLE	CC	<input checked="" type="checkbox"/> DELETE
NAME	STEINHOFF, THOMAS P.	
STREET ADDRESS	5847 SAN FELIPE #3900 3600	
CITY- ST- ZIP	HOUSTON TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, MICHAEL	
STREET ADDRESS	5847 SAN FELIPE, #3900 3600	
CITY- ST- ZIP	HOUSTON TX	
TITLE	EVAS	<input type="checkbox"/> DELETE
NAME	FATHEREE, JAMES L JR	
STREET ADDRESS	5847 SAN FELIPE, #3900 3600	
CITY- ST- ZIP	HOUSTON TX 77057	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Chairman of Board	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12. NAME			
13. STREET ADDRESS			
14. CITY- ST- ZIP			
2. TITLE	Chairman of Board	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
22. NAME			
23. STREET ADDRESS			
24. CITY- ST- ZIP			
3. TITLE	Sr. V.P.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
32. NAME	J. Jeffrey Creel		
33. STREET ADDRESS			
34. CITY- ST- ZIP			
4. TITLE	E.V.P, T, & S.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
42. NAME			
43. STREET ADDRESS			
44. CITY- ST- ZIP			
5. TITLE	P. & A.S.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
52. NAME			
53. STREET ADDRESS			
54. CITY- ST- ZIP			
6. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62. NAME			
63. STREET ADDRESS			
64. CITY- ST- ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 if changed, or on an attachment with an address.

SIGNATURE: *Michael D Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 713-267-2100

CR2E034 (12/95)