

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 27 PM 12: 56  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P32838 (5)**

1. Corporation Name  
**HDR CONSTRUCTION CONTROL CORPORATION**

Principal Place of Business Mailing Address  
**5100 W. KENNEDY BLVD.  
300  
TAMPA FL 33609-1806  
US** **8404 INDIAN HILLS DR.  
OHAMA NE 68114-4049  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/11/1991** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **47-0741232** 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. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip, County 28 Zip, Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (Signature of current or candidate for registered agent and the corporation) \_\_\_\_\_ (Signature of Registered Agent (signature required when registering)) \_\_\_\_\_ (Date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CD</b>
NAME	<b>CAMPBELL, JAY A.</b>
STREET ADDRESS	<b>5524 30TH STREET N.W</b>
CITY - ST - ZIP	<b>WASHINGTON DC</b>
TITLE	<b>S</b>
NAME	<b>PACHMAN, LOUIS J</b>
STREET ADDRESS	<b>5008 CHICAGO ST</b>
CITY - ST - ZIP	<b>OMAHA NE</b>
TITLE	<b>PD</b>
NAME	<b>TWINING, THOMAS H.</b>
STREET ADDRESS	<b>2574 REDWOOD WAY</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>VD</b>
NAME	<b>MCCORMACK, RICHARD J.</b>
STREET ADDRESS	<b>424 BOSPHORUS AVE.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>VD</b>
NAME	<b>WADSWORTH, WILLIAM H.</b>
STREET ADDRESS	<b>108 SOUTH 114TH ST.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>T</b>
NAME	<b>JERABEK, ROBERT J.</b>
STREET ADDRESS	<b>1608 SOUTH 114TH ST.</b>
CITY - ST - ZIP	<b>OMAHA NE</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>20015</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>68132</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>36421</b>
4.1 TITLE	<b>D/SVP</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>33606</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>108 South Lincoln Ave</b>
5.4 CITY - ST - ZIP	<b>33609</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<b>68144</b>

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 110.07(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 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 as an attachment with an address.

SIGNATURE: *R. J. Jerabek* **R. J. Jerabek, Treasurer** 4/21/95 (402)399-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date Telephone Number