

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32838 (5)
 1. Corporation Name
HDR CONSTRUCTION CONTROL CORPORATION

Principal Place of Business 5100 W. KENNEDY BLVD. 300 TAMPA FL 33609-1806 US	Mailing Address 8404 INDIAN HILLS DR. OHAMA NE 68114-4049 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 47-0741232	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, JAY A.		1.2 NAME	William M. Dowd	
STREET ADDRESS	5524 30TH STREET N.W		1.3 STREET ADDRESS	12850 Binney Street	
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP	Omaha, NE 68164	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHMAN, LOUIS J		2.2 NAME		
STREET ADDRESS	5008 CHICAGO ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDY L LACEY		3.2 NAME		
STREET ADDRESS	10830 SEWARD S		3.3 STREET ADDRESS	6804 N. 106th Circle	
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP	Omaha, NE 68122	
TITLE	DSVP	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, WILLIAM H.		4.2 NAME		
STREET ADDRESS	108 SOUTH LINCOLN AVE		4.3 STREET ADDRESS	3115 Fair Oaks Avenue	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33611	
TITLE	SVP	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, ERIC		5.2 NAME	P, D	
STREET ADDRESS	25551 CHIMERA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERPENING, THOMAS B		6.2 NAME		
STREET ADDRESS	535 SPORTMAN PARK DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Wendy L. Lacey* Wendy L. Lacey, Treasurer 4/21/98 402-399-1000

CR2E034 (10/97)