

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90048 007 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P32838**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5100 W. KENNEDY BLVD.**  
**300**  
**TAMPA FL 33609-1806**  
**US**

Mailing Address  
**8404 INDIAN HILLS DR.**  
**OMAHA NE 68114-4049**  
**US**

3. Date Incorporated or Qualified  
**02/11/1991**

4. FEI Number  
**47-0741232**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOWD, WILLIAM M.</b>	
STREET ADDRESS	<b>12850 BINNEY STREET</b>	
CITY-ST-ZIP	<b>OMAHA NE 68164</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PACHMAN, LOUIS J</b>	
STREET ADDRESS	<b>5008 CHICAGO ST</b>	
CITY-ST-ZIP	<b>OMAHA NE</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WENDY L LACEY</b>	
STREET ADDRESS	<b>6804 N. 106TH CIRCLE</b>	
CITY-ST-ZIP	<b>OMAHA NE 68122</b>	
TITLE	<b>DSVP</b>	<input type="checkbox"/> DELETE
NAME	<b>WADSWORTH, WILLIAM H.</b>	
STREET ADDRESS	<b>3115 FAIR OAKS AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KEEN, ERIC</b>	
STREET ADDRESS	<b>25551 CHIMERA DR</b>	
CITY-ST-ZIP	<b>MISSION VIEJO CA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>TERPENING, THOMAS B</b>	
STREET ADDRESS	<b>535 SPORTMAN PARK DR</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	

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 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Wendy L. Lacey **Wendy L. Lacey** 4/20/99 (402) 399-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)