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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **404387** **(3)**

1. Corporation Name

NORTH AMERICAN CONTRACTING CORPORATION

Principal Place of Business	Mailing Address
% M. WILLIAM FREY 654 KINZIE ISLAND COURT KINZIE ISLAND FL 33957	% M. WILLIAM FREY 654 KINZIE ISLAND COURT KINZIE ISLAND FL 33957

2. Principal Place of Business	2a. Mailing Address
21 9220 Bonita Beach Rd	26 9220 Bonita Beach Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 109	27 Suite 109
City & State	City & State
23 Bontia Springs, FL	28 Bonita Springs, FL
Zip / Country	Zip / Country
24 3 3 9 2 3 / 25 Lee	29 3 3 9 2 3 / 30 Lee

3. Date Incorporated or Qualified: 07/05/1972
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-1400190 ☐ 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

9. Name and Address of Current Registered Agent

FREY,M WILLIAM
654 KINZIE ISLAND COURT
KINZIE ISLAND FL 33957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9220 Bonita Beach Road, Suite 109
83
84 City Bonita Springs, FL 85 Zip Code 33923

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREY, WILLIAM M. 654 KINZIE ISLAND CT SANIBEL FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	9220 Bonita Beach Road, Ste 109 Bonita Springs, FL 33923	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FREY, DORIS W. 654 KINZIE ISLAND CT SANIBEL FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	9220 Bonita Beach Road, Ste 109 Bonita Springs, FL 33923	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD FREY, BARRY E. 654 KINZIE ISLAND CT SANIBEL FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	9220 Bonita Beach Road, Ste 109 Bontia Springs, FL 33923	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: _____ , Barry E. Frey, VP 03-21-96 941-495-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #