

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

FILED

Sep 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 AMENDED		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 487566

1. Corporation Name

LARKIN CONTRACTING, INC.

Principal Place of Business

6001 N. 50TH STREET
TAMPA, FL 33610

Mailing Address

6001 N. 50TH STREET
TAMPA, FL 33610-4812

3. Date Incorporated or Qualified

10/10/75

3a. Date of Last Report

03/26/1996

4. FEI Number

59-1657922

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARKIN, PATRICK J.
6001 N. 50TH STREET
TAMPA, FL 33610

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D/T	☐ DELETE
NAME	LARKIN, PATRICK J.	
STREET ADDRESS	1 PENINSULAR DR	
CITY-ST-ZIP	LAND O' LAKES, FL	
TITLE	V/S/D	☐ DELETE
NAME	SIMMONS, C.R.	
STREET ADDRESS	508 EAST SHELL POINT ROAD	
CITY-ST-ZIP	RUSKIN, FL	
TITLE		☐ DELETE
NAME	HUBER, TERRENCE M.	
STREET ADDRESS	832 EAGLE LANE	
CITY-ST-ZIP	APOLLO BEACH, FL 33570	
TITLE		☐ DELETE
NAME	FULCHER, KEVIN J.	
STREET ADDRESS	12 BAYWOOD DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/T	☒ Change ☐ Addition
1.2 NAME	LARKIN, PATRICK J.	
1.3 STREET ADDRESS	3952 PENINSULAR DRIVE	
1.4 CITY-ST-ZIP	LAND O' LAKES, FL 33549	
2.1 TITLE	V/S/D	☒ Change ☐ Addition
2.2 NAME	SIMMONS, C. R.	
2.3 STREET ADDRESS	508 EAST SHELL POINT ROAD	
2.4 CITY-ST-ZIP	RUSKIN, FL 33570	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME	HUBER, TERRENCE M.	
3.3 STREET ADDRESS	832 EAGLE LANE	
3.4 CITY-ST-ZIP	APOLLO BEACH, FL 33570	
4.1 TITLE		☐ Change ☒ Addition
4.2 NAME	FULCHER, KEVIN J.	
4.3 STREET ADDRESS	12 BAYWOOD DRIVE	
4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/18/97 (813) 621-0851

CR2E034 (9/96)