

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

**APPROVED  
AND  
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95 JAN 23 PM 3: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
**1996**

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

DOCUMENT # **H35194 (0)**  
1. Corporation Name  
**DPI CONSTRUCTION AND ENGINEERING CORP.**

Principal Place of Business  
**240 BAYSIDE DRIVE  
CLEARWATER FL 34630**

Mailing Address  
**250 PATRICK BLVD., STE. 140  
BROOKFIELD WI 53045  
US**

3. Date Incorporated or Qualified  
**12/21/1984**

3a. Date of Last Report  
**10/16/1995**

4. FEI Number  
**36-3338560**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

**9. Name and Address of Current Registered Agent**

**KEIERLEBER, JEFFREY  
240 BAYSIDE DRIVE  
CLEARWATER FL 34630**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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**

Structure, type or mark the name of registered agent and their applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE

NAME **PD KEIERLEBER, JEFFREY**

STREET ADDRESS **240 BAYSIDE DRIVE**

CITY- ST- ZIP **CLEARWATER FL 34630**

TITLE  DELETE

NAME **S SWEET, MICHAEL**

STREET ADDRESS **250 PATRICK BLVD. STE. 140**

CITY- ST- ZIP **BROOKFIELD WI 53045**

TITLE  DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

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

**400001707334**  
**-02/06/96--01047--016**  
**\*\*\*200.00 \*\*\*200.00**

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:** *Michael Sweet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael Sweet, Secretary**

1/16/96 414 792-9200  
Date Daytime Phone #

CR2E034 (12/95)