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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016898 (5)

FETTERS CONSTRUCTION, INC.

FILED Mar 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 575 W. RIVER BAY CT. 575 W. RIVER BAY CT DUNNELLON FL 34434 CUNNELLON FL 34434				·						
						3. Date Incorporated or Qualified 02/27/1995	ied 3a. Date of Last Report 04/24/1996			
2. Principal Flace of Business 2a, Mailing Ac			Address			4. FEI Number 59-3301815	Applied For Not Applicable			
21 Suite, Ap 22	it #, etc	26 Suite, Apt. #, etc 27	Suite, Apt. #, otc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
			y & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Zip Country Zip			ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
	g. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered.	Agent		
FE	ETTERS, CLAIR			81	Name	-	·			
575 W. RIVER BAY CT. DUNNELLON FL 34434				82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
· ·	DINICLEON I E OTTOT			83						······
			Ì	84	City		FL	85	Zip (Code
SIGNATURI	Signature typed or printed name of registered OFFICERS A	AND DIRECTORS	13.		l signature require	nd when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND			
TITLE NAME	C FETTERS, CLAIR	DELETI	1.1 TIT 1.2 NA					()	nange	Addition
STREET ADDRES	575 W. RIVER BAY CT.		1		ODRESS					
CITY - ST - ZIP	DUNNELLON FL		1,4 CIT	Y-ST	- ZIP					
TITLE	P	DELETI	E · 2.1 TIT	LE				CI	nange	Addition
NAME	FETTERS, TEDICA A		22 NA	ME			4.5			
STREET ADDRES					ADDRESS					
CHY-ST-ZF	DUNNELLON FL V				1-2IP			□ c	hongo	S addition
HILE	RONALD M. PEETS	[_] DELETI						ш V	wange	Addition
NAME STREET ADDRES	PAPA M LEMA DE		3.2 NA		ADDRESS					
CITY - ST- ZIP	BEVERLY HILL FL		3.4. CI		· I					
TITLE		DELET						☐ C	hange	Addition
NANT			4. 2 N	AME	1				•	
STREET ADDRES	5		4.3 ST	REET #	ADORESS					
CITY - \$1 - ZI ^D			4.4 CI	IY-ST	- ZIP					.,,,,,
THEE		DELET	E 51717	LE				C	hange	Addition
NAMí			52 NA	ME	1					
STREET ADORES	S		53 ST	REET A	address					
CITY-ST ZIP			5.4 CI		- ZIP			T 17 -		
TITLE		DELE1						L] C	hange	Addition
NAME	1		■ 20 NA							
			6.2 NA							
STREET ADDRES	s		6.3 \$1		ACODRESS					

14. I do hereby cert by 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 13 if changed, or on an attachment with an address.