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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

C(11Y - S1 - Z(P)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033361 (2)

CENTRAL FLORIDA TAPPING AND CONSTRUCTION SERVICE S, INC.

S, INC.		·		
Principal Place of Business 578 RIDGEUNE RUN LONGWOOD FL 32750	Mailing Address 578 RIDGELINE RUN LONGWOOD FL 32750-3320		1 30E47EE4 THE 13910 STAN SERR SERRI SONS	
			3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report / Ef Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 990 Miller Prive	26 P.O. BOY 1279) 	59-3374492	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Altamente Speings, Fl.	City & State 28 Lunywood F	1.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	stangible tax under s. 199.032,
24 32707 25 Saminole	29 3275 2-1279 30	Seminole		Yes No
9. Name and Address of Curren	nt Registered Agent	B1 Name	10. Name and Address of New Reg	istered Agent
BULLINGTON, RICHARD E		Name		
578 RIDGELINE RUN LONGWOOD FL 32750		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
EGNORIO DE SERSO		B3		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508. Florida Statutes, the	ne above-named corp	poration submits this statement for the pu	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	ations of, Section 607,0505, Florida	rized by the corporal Statutes.	tion's board of directors. I hereby accept	t the appointment as registered
SIGNATURE Kichard & Bu	lufo	-14,11-		1997
Signature, typed or printed name of registered ag		istered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CTOPS IN 10
THE D	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME BULLINGTON, RICHARD E	_ vtern	1,2 NAME		C orange C radicon (
STREET ADDRESS 578 RIDGELINE RUN	i i	1.3 STREET ADDRESS		()
LONGWOOD FL 32750	1	1.4 City-St-zip		
Bifus D	DELETE	2.1 TITLE		Change Addition
NAME WARD, ROY G	· ·	2.2 NAME		2.
STREET ADDRESS 990 MILLER DRIVE	2	2.3 STREET ADDRESS		
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32	704	2 4 CITY-ST-ZIP		
TOLE		3.1 TITLE	······································	Change Addition
NAME		3.2 NAME		
STREET ADDRESS	ł	3.3 STREET ADDRESS		-
CITY ST-7IP		3.4. CITY-ST-ZIP		
DILE		4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREEL ADDRESS		4.3 STREET ADDRESS		
C(TY-\$1-ZIP		4.4 CITY-ST-ZIP		
Title	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDIRESS	ľ	5.3 STREET ADDRESS		
C(TY+ST+ZIF		5.4 CITY - ST - ZIP		
TITLE	DELETÉ	61 TITLE		Change Addition
NAME	1	62 NAME		

14. I do nereby 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:

SIGNATURE AND TYPEG OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

Description of the corporation of the receiver of 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 TYPEG OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP