

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:08

DOCUMENT # J75797 (7)

1. Corporation Name

PRO CONSTRUCTION COMPANY, INC.

Principal Place of Business

C/O LINDA O'BRIEN
7930 BAY POINT DR., STE. B-20
TAMPA FL 33615
US

Mailing Address

C/O LINDA O'BRIEN
7930 BAY POINT DR., STE. B-20
TAMPA FL 33615
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 P.O. Box 272146

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33688

Country

25 USA

2a. Mailing Address

26 P.O. Box 272146

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33688

Country

30 USA

3. Date Incorporated or Qualified

05/27/1987

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2828914

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

O'BRIEN, LINDA ZURO
7930 BAY POINTE DR.
STE. B-20
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name SPME

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

11915 NICKLAUS CIRCLE

83

City

TAMPA

FL

85

Zip Code 33624

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

Linda Zuro O'Brien

NOTE: Registered Agent signature required when registering.

4-24-95

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME O'BRIEN, LINDA ZURO
STREET ADDRESS 7930 BAY POINTE DR., STE. B-20
CITY - ST - ZIP TAMPA FL

TITLE DVS
NAME FORINO, DONALD J.
STREET ADDRESS 7930 BAY POINTE DR., STE. B-20
CITY - ST - ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 11915 NICKLAUS CIRCLE ☒ Change ☐ Addition
1.2 NAME TAMPA FL 33624
1.3 STREET ADDRESS P.O. Box 272146
1.4 CITY - ST - ZIP TAMPA FL 33688

2.1 TITLE 11915 NICKLAUS CIRCLE ☒ Change ☐ Addition
2.2 NAME TAMPA FL 33624
2.3 STREET ADDRESS P.O. Box 272146
2.4 CITY - ST - ZIP TAMPA FL 33688

3.1 TITLE ☐ Change ☐ Addition
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

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 110.07(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:

Linda Zuro O'Brien

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA ZURO O'BRIEN

4-24-95

DATE

(813)960-3768

TELEPHONE NUMBER