## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if changed, or on an attachment with an address

**FILED** Aug 08 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 384724 (1)FRANCESCHINI CONSTRUCTION, INC. Principal Place of Business Mailing Address P. O. BOX 15067 P. O. BOX 15067 **TAMPA FL 33684** TAMPA FL 33684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1971 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4507 W. South Ave. 26 59-1371042 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Tampa, 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 00::0::**2**9 33614 24 25 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NUECHTERLEIN/CARLTON, FIELDS, WARDS ONE HARBOUR PLACE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition FRANCESCHINI.COLEN NAME 1.2 NAME Franceschini, Colen 5006 N. ANDERSON AVE. STREET ADDRESS 1.3 STREET ADDRESS 8105 Rivershore Dr. TAMPA EL CITY-ST-ZIP 14 CITY-ST-ZIP Tampa, FL 33604 DELETE TITLE 21 TITLE Addition FRANCESCHINI, BRENDA NAME 2.2 NAME Franceschini, Brenda 5006 N. ANDERSON AVE. STREET ADDRESS 2.3 STREET ADDRESS 8105 Rivershore Dr. TAMPA-FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Tampa, FL 33604 DELETE TIFLE 3.1 TITLE Change Addition STEMBRIDGE, DOROTHY NAME 3.2 NAME **4510 DRIESLER STREET** STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY- \$1 - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 1/TLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

x. a 28. 1997 S13 8703947