

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAR 20 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **400493** (3)

1. Corporation Name
CHAN-MAR CONSTRUCTION COMPANY, INC.

400001436144
-03/22/95--01041--016
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2508 TAMPA BAY BLVD TAMPA FL 33607

3. Date Incorporated or Chartered **05/04/1972** 3a. Date of Last Report **02/08/1994**
4. FEI Number **59-1399155** Applied For (Not Applicable)
5. Certificate of Status Posted \$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 § 199.04, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. **AS ABOVE** 26. **AS ABOVE**
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**WILLIAMS, WILBERT
3007 LEMON STREET
TAMPA FL 33609**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Registered Agent (Signature Required when Changing Registered Office or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	WILLIAMS, WILBERT	2. NAME	
STREET ADDRESS	3007 LEMON ST.	3. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	4. CITY, ST, ZIP	
TITLE	VP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	WILLIAMS, JUANITA	22. NAME	
STREET ADDRESS	3007 LEMON ST.	23. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	24. CITY, ST, ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME	WILLIAMS, JUANITA	32. NAME	
STREET ADDRESS	3007 LEMON ST.	33. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 law from filing this Florida Statute. I further certify that this information is placed on this annual report or supplemental annual report as true and correct and that my signature shall have the same legal effect as if made on the oath that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or in an attachment with an addition.

SIGNATURE: *Wilbert Williams* **WILBERT WILLIAMS 3-3-95** 813 877-3927
SIGNATURE AND TYPED OR PRINTED NAME OF INCUMBENT OFFICER OR DIRECTOR