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 # 416906

(6)

BENTLEY CONSTRUCTION CO., INC.

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FILED

Apr 16 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address					-		
		Mailing Address					
14572 PABLO JACKBONVILLI		14572 PABLO TERERACE JACKSONVILLE FL 32224					
POSTOS	C TE VELLT	UNONOUTHER TE VE	14 T				
					3. Date Incorporated or Qualified 01/17/1973	3a. Date of Last 04/30/1996	<u> </u>
	Place of Business	2a. Mailing Address			4. FEI Number	P* -1	Applied For
21		[26]			59-1434864 Not Applicab		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addit Fee Require			
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zφ	Count	ry	8. This corporation has liability for i	ntangible tax undo	rs. 199,032,
24	25	[29]	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		<u> </u>	10. Name and Address of New Re	gistered Agent_	
	ITLEY, JAMES A.		8	1 Name			
	72 PABLO TERRACE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
JAC	KSONVILLE FL 32224		L				
7 · · · · · • • · · · · · · · · · · · ·			8	3			
			la la	4 City		85 Zi	p Code
			١	1			p 2000
SIGNATURE	Signature, typod or printed name of registered ag OFFICERS AN	ont and title if applicable. ID DIRECTORS	(NOTE · Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	ORS IN 12
TITLE	V	DELETE				☐ Change	
NAME	BENTLEY, JAMES A. JR.		1.2 NAM	E			
STREET ADDRESS	14572 PABLO TERRACE		1.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY	-ST-ZIP			
TITLE	P	DELETE	2.1 TITLE			☐ Change	Addition
NAME	BENTLEY, CAROL		22 NAM				
STREET ADDRESS	14572 PABLO TERRACE		2.3 STRE	et address			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY	- \$1 - ZIP			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAMI	<u> </u>			
STREET ADDRESS	N -		3.3 STRE	ET ADDRESS		,	
CITY-ST-ZIP	<u></u>		3.4. C(1)	- \$1 - ZIP			
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	F)			
STREET ADDRESS			4.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			4.4 Crt Y	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-7IP			
TITLE		☐ DELETE	6.1 TITLE			Change	: Addition
NAME	•		6.2 NAME				
STREET ADDRESS			6.3 STREI	ET ADDRESS			
NTV-ST-7IP			64 CITY	פול זיס			

4. 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 eath; 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 any attachment with an address.

CIONATURE.

ALSOEN WORDERT SPACE VILLEY

4/11/91 904-223-3460