

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 # **468738**

(0)

1. Corporation Name

SEMCO CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**205 CENTURY BLVD.
P.O. BOX 706
BARTOW FL 33830**

**205 CENTURY BLVD.
P.O. BOX 706
BARTOW FL 33831-0706
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25 9. Name and Address of Current Registered Agent

**LOCKE, CARL E
2075 CHEROKEE
BARTOW FL 33830**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
01/29/1975

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1570067

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE
NAME **LOCKE, CARL E. SR.**
STREET ADDRESS **2075 CHEROKEE**
CITY-ST-ZIP **BARTOW FL**

TITLE **DP** ☐ DELETE
NAME **LOCKE, CARL E. JR.**
STREET ADDRESS **216 COLLEGE GROVE.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **DV** ☒ DELETE
NAME **MOENDREE, PATRICIA**
STREET ADDRESS **1977 CAMELOT COURT S.W.**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **DV** ☐ DELETE
NAME **BEASLEY, DANNY**
STREET ADDRESS **7905 WALKER LAKE ROAD**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **DT** ☐ DELETE
NAME **LOCKE, SHANE D**
STREET ADDRESS **1934 THOROUGHbred DRIVE**
CITY-ST-ZIP **GOTHA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, as change, or on an attachment with an address.

SIGNATURE:

[Signature]

3/7/97

941/533-7193

CR2E034 (9/96)