FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	May 14 1997 8:00am Secretary of State
DOCUMENT # 472447 L Corporation Name MPH CONSTRUCTION CO.	(2)	
WITH CONSTRUCTION CO.		

Principal Place of Business Mailing Address											
2999 PLACID VIEW DRIVE		-	2899 PLACID VIEW DRIVE								
P O BOX 1226	A DHIAE	P O BOX									
LAKE PLACID FL	33852-5029	LAKE PLA	CID FL 33852-502	9							
								 Date Incorporated or Qualifie 03/25/1975 		Date of Last F 3/06/1996	Report
2. Principal Pla	ce of Business	2a. Mailin	ig Address			,		4. FEI Number		A	pplied For
21		26						59-1594773			ot Applicable
Suite, Apt. #,	, etc.		. Apt. #, etc.					5. Certificate of Status Desired			Additional
22			27							equired	
City & State		⊢ ′	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	28 Zip		Co	untry	,					
h	25	29		30	, con net y	'		8. This corporation has liability Florida Statutes	of intangin		s. 199.032,
24	9. Name and Address of Curr			30	1		•	10. Name and Address of New			
HOY	MICHAEL P.				81	Na	me		X		
	PLACID VIEW DRIVE							······			
	PLACID FL 33852				62	Str	eet Addres	ss (P.O. Box Number is Not Accep	table)		
L CAVE	PENCIOTE 33032				83		************				
					64	Cit	У		F	85 Zip	Code
11. Pursuant to	The provisions of Sections 607 O	502 and 607 150	8 Florida Statute	s the	above	i e-nar	ned corpo	ration submits this statement for th			its registered
office or rei	gistered agent, or both, in the Sta familiar with, and accept the obl	te of Florida, Suc	ch change was a	uthoriz	ed by	y the	corporatio	ration submits this statement for the horse board of directors. I hereby ac	cept the a	ppointment as	s registered
	i ramiliar with, and accept the ob-	igations or, Secti	on 607.0505, Flo	noa Si	atutes	6.					
SIGNATURE _	lgrahm, Typed or photed name of registered a	agent and little of applica	able (NOTE	Register	red Age	ent sign	ature required	5 when reinslating)	DATE		
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
111.6	P		DELETE	1.1	TITLE					Change	☐ Addition
NAME	HOY, MICHAEL P.			1.2	NAME						
	2999 PLACID VIEW DRIVE			1.3	STREET	ADDRI	ess				
	LAKE PLACID FL			1,4	CITY-S	ST-ZIP					
TOTE			DELETE		TITLE			· · · · · · · · · · · · · · · · · · ·	······································	Change	Addition
NAME				2.2	NAME						
STREET ADDRESS				2.3	STREET	radda 1	ess				
CITY - ST - ZIP				1	CITY-5						
11/4F	The second secon		DELETE	_	TITLE					Change	Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STAEET	ADDR	ESS				
CHY-\$1-ZIP				3,4.	CITY-S	ST-ZIP					
TITLE			DELETE	4.1	TITLE				1	Change	Addition
NAME				4. 2	NAME						
STREET ADDRESS				4.3	STREET	A DDR	ess				
CITY - ST - 74P				4.4	CITY-S	ST-ZIP					
TIFLE			DELETE	5.1	TITLE					☐ Change	Addition Addition
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREET	rador 1	ESS				
C(TY - ST - ZIP				5.4	CITY-S	ST-ZIP					
TITLE	,		DELETE	6.1	TITLE					☐ Change	Addition
NAME				6.2	NAME						
STREET ADDRESS				6.3	STREET	radda 1	ESS				
City-SI-ZiP					CITY-S						
		P. A. 20. 652. 622.	a doos not sustit				 1	in Castion 110 07(0)(i) Florido Cas		L = 2 = 2 = 2 C . Als =	

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 if chapted, or on an attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNAR OFFICER OR DIRECTOR

Date Date To Table 19.07(3)(i), Florida Statutes. I further certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information in certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information in certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information in certify that the information in certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information 19.07(3)(i), Florida Statutes. I further certify that the information in certific that t

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