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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 496131 1. Corporation Name

(4)

SHELTRA & SON CONSTRUCTION CO., INC.

FILED Feb 09 1996 8:00 am Secretary of State



| | e of Business | Mailing Addres | SS . | | | | I IDDIII DIDIB HAHE BIIDI IIDDA FUI | OL HEL BIDILDI | III AIDII AK | ((016 ((018)) (00) |
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| 14251 CITR P. O. BOX INDIANTOW | | 14251 CITR P. O. BOX | US BLVD. E | | | | | | | |
| | W 72 04300 | INDIANTOWN FL 34956 | | | | | | | Last Report 26/1995 | |
| 2. Principal Pl 21 | lace of Business | 2a. Mailing Add | dress | | | | 4. FEI Number 59-1642989 | | ├ ── | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. | #, etc | | | | 5. Certificate of Status Desired | | \$8.7 | 5 Additional |
| Oily & Stati | e | City & State | e | | | | 6. Election Campaign Financing | | | Required May Be |
| :3 | | 28 | | | | | Trust Fund Contribution | | | d to Fees |
| Ζφ "11 | Country | Zφ | | Count | try | | 8. This corporation has liability for | | x under s | 199.032, |
| 4 | 25 9. Name and Address of Curre | 29 | | 30 | | | | □No | | |
| | g. Hame and Address of Ouries | iii negistered Agen | | 8 | i N | ame | 10. Name and Address of New R | registerea / | gent | |
| SHELT | RA, CARMEN P. | | | | | | | | | |
| | CITRUS BLVD. | | | | 32 S | treet Address | iress (P.O. Box Number is Not Acceptable) | | | |
| INDIAN | ITOWN FL 34956 | | | 8 | 33 | | | | | |
| | | | | 8 | 4 C | ity | | | 85 Z | p Code |
| 44 D | to the provisions of Sections 607.050 | | | | | <u> </u> | | <u> </u> | | |
| SIGNATURE | Styraties, typed or printed name of registerious ager OFFICERS AN | Land the Pap heatse DDDRFCTORS | (NOTE | Registered As | gent syr | nature required wh | nen reinstallingi ADDITIONS/CHANGES TO OFFI | DATE ICERS AND | DIRECTO | DRS IN 12 |
| 1 ILF | PD | DE | LETE | 1 1 THIL | .F | | | | Change | Addition |
| NAME | SHELTRA, RICHARD E. | _ | | 12 NAM | IE . | | | | | |
| STREET ADDRESS | 14911 VAN BUREN AVENUI INDIANTOWN, FL 00000 | <u> </u> | | 13 STRE | ET ADD | 1 | | | | |
| SILY SLIZE | | | | 1.4 City | - ST - 70 | | | | | |
| | VSD | | ELETE | 2 1 TITL | - ST - 70 | <u> </u> | | Г | 1 Change | ☐ Addition |
| ULF | | [] DE | CLETE | | .F | <u> </u> | | |] Change | Addition |
| THE NAME | VSD | | ELETE | 2 1 TITL | .F PE | | | |] Change | Addition |
| DULE Name Street Adoress | VSD SHELTRA, CARMEN | E | | 2 1 TITL 22 NAM | .e eet add | ress | | |] Change | Addition |
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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 changed, or on an attachment with an address.

SIGNATURE:

2-6-96

Daytime Phone #