

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 526712 (5)

1. Corporation Name

NATHE CONSTRUCTION, INCORPORATED



Principal Place of Business

32225 AMBERLEA RD.
DADE CITY FL 33525
US

Mailing Address

32225 AMBERLEA RD.
DADE CITY FL 33525
US

3. Date Incorporated or Qualified

02/28/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1723011

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANNA, A. P.
ONE BAHIA DRIVE
LUTZ FL 33549

81 Name

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

83

84 City

FL

85 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

Signature typed or printed name of registered agent and the date of signature

(If not) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
EV
NATHE, GERARD H
799 NATHE RD.
DADE CITY, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
HANNA, R H
ONE BAHIA DR.
LUTZ FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
HANNA, A P (ASST)
ONE BAHIA DR.
LUTZ FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
NATHE, KENNETH L
32225 AMBERLEA RD.
DADE CITY, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
PAVEK, THOMAS
309 MAGNOLIA
SAN ANTONIO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH L. NATHE 4/30/96 352-567-1349

CR2E034 (12/95)