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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

532155

1. Corporation	MENT # 53215 CONSTRUCTION, INC.	5 (9)				mār Britr Gris	115 B185+ B1811 B1811 B1811 \$5811 1	S 1
Principal Place	of Business	Mailing Address						
Principal Place of Business Mailing Addi 4995 10TH LANE E 4995 10' BRADENTON FL 34203 BRADEN			203					
US		US			3. Date Incorporated or Qualified	3a. D	ate of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address			04/22/1977 4. FET Number 5947426	ovo Co		
21		26			65-0024470		Not Applicab	e e
Suite, Apt. #, etc.		Suite, Apt. #, etc.	, ·		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country		Zip	Country		8. This corporation has liability for	intangible No	e tax under s. 199.032,	
24	9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of New F			
		······································	8	Namo	and the second s			.
POFFE	NBARGER, ROBERT M.		8:	2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	OTH LANE E		8:	<u> </u>				
BRADE	ENTON FL 34203							
			84	4 City		F	85 Zip Code	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd tire if applicable (NS	OTE: Registered Ag	poration's boa		DATE		16
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICLRS A	ND DIRECTORS IN 12 Change	
TITLE NAME	VTD □ DELETE POFFENBARGER, ROBERT 4995 10TH LANE E		1 1 11TU				El cuande El vocition	, 12
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 00000		1.4 C-TY	SI-Z-P				<u>&</u>
TITLE	D DELETE		2 1 TITLE				Change Addition	
NAME	POFFENBARGER, BERTHA		2.2 NAME					
STREET ADDRESS	4995 10TH LANE E			EL ADDRESS .				
CITY-ST-ZIP TITLE	BRADENTON, FL 00000		2 4 CITY - 3 1 TIME				Change Addition	
NAME	POFFENBARGER, LARRY		3.2 NAME					
STREET ADDRESS	7994 A OAK GROVE CIR		33 STRE	ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		3.4 CITY	S7 - ZIP				
TITLE		DELETE	4 1 TITLE				Change Addition	.
NAME			4.2 NAME					
STREET ADDRESS			43 STRE	T ADDRESS				
CITY-S1-ZIP		Phone ex	4 4 CITY				E3 0bases	
TITLE		☐ DELETE	5 1 111116				Change Addition	
NAME			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE.	5.4 CRY- 6.1 Title				Change Addition	_
TITLE			6.2 NAME				C change C Monitor	
NAME expect apopted								
STREET ADORESS			5351Rt	SZBRÜCA TE				į

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or en anytiachment with an address. Polarge Pobert M. Pottenbarger 1-14-96 941-755-6090 **SIGNATURE**