

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 541651 (6)

1. Corporation Name

ABRAY CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

765 DUNBAR AVE.
OLDSMAR FL 34677
US

PO BOX 338
OLDSMAR FL 34677
US

3. Date Incorporated or Qualified
07/27/1977

3a. Date of Last Report
05/01/1995

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 Zip Country

29 Zip Country

4. FEI Number

59-1751557

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

9. Name and Address of Current Registered Agent

DAMOTH, MIKE
28 FRESHWATER DR
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name SAME

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

18638 Jiretz Rd.

83 Address

Odessa

84 City

Odessa

FL

85 Zip Code

33556

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, if applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAMOTH, MIKE
STREET ADDRESS 28 FRESHWATER DR
CITY-ST-ZIP PALM HARBOR, FL 00000

☐ DELETE

TITLE ST
NAME DAMOTH, PATRICIA A
STREET ADDRESS 28 FRESHWATER DRIVE
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

TITLE VP
NAME NAVICKAS, GUY S
STREET ADDRESS 1258 PINE RIDGE CONDO B2
CITY-ST-ZIP TARPON SPGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 18638 Jiretz Road
14 CITY-ST-ZIP Odessa, Florida 33556

☒

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS 18638 Jiretz Road
24 CITY-ST-ZIP Odessa, Florida 33556

☒

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS 1120 Illinois Avenue
34 CITY-ST-ZIP Palm Harbor, Florida 34683

☐

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

☐

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed Name