Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90034 016 ***150.00

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

PROFIT CORPORATION AN YUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 541651

1. Corporation Name

ABRAY (CONSTRUCTION, INC.						
Principal P ace	e of Business	Mailing Address					1811 B1811 1881
765 DUNBAR AVE.		PO BOX 338					
OLDSMAR FL 34677 OLDSMAR FL 3467					DO NOT INDITE IN TO	IC CDACE	
U\$	US			DO NOT WRITE IN TH	IS SPACE	1	
					3. Date Incorporated or Qualifed 07/27/1977		
	la caracteristic de la car	2a Mailing Address			4. FEI Number	An	plied For
	lace of Business	2a. Mailing Address			59-1751557	<u> </u>	t Applicable
21 20 20 21 22 22 23 24 24 25 25 25 25 25 25		Suite Apt. #. etc.	Suite, Apt. #, etc.		_	\$8.75 A	
22 27		 	٦		5. Certificate of Status Desired	Fee Re	ľ
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip Country		Zip	Country	/	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.	/	□No
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Register	d Agent	
211	OTH ANCE		81	Name			
DAMOTH, MIKE 18638 JIRETZ RD			82	Street Add	ress (P.O. Bo) Number is Not Acceptable)		
	SSA FL 33556						
OUE	330 FL 33306		83	1			1
			84	City		85 Zip C	Sode
11. Pursuant to the provisions of Suctions 607.0502 and 607.1508, Florida Statutes							ragiotarad
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	rt Florida. Such change was	authorized by	r trie corporati	on's board of directors. I hereby accept the ap	contreent as rec	jistered
SIGNATUF E	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Age	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE 1.1				Change	Addition ;
NAME	DAMOTH, MIKE						
STREET ADORESS	18638 JIRETZ RD		1.3 STREE	TADDRESS			
CITY-ST-ZIP	ODESSA FL		1.4 CITY-	ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	DAMOTH, PATRICIA A		2.2 NAME				
STREET ADDRESS	18638 JIRETZ RD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ODESSA FL			ST-ZIP		Change	Addition
TITLE	VP	☐ DELETE	31 TITLE			Change	☐ Addition
NAME	NAVICKAS, GUY S		32 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL	DELETE	3.4, CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			[_] Orlange	
NAME			4. 2 NAME	[Ì
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP		DELETE	44 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DETE F	5.1 TITLE 5.2 NAME			□ onange	
NAME	-		- 1	ET ADDRESS			
STREET ADDRESS	1		5.4 CITY-	1			}
CITY-ST-ZIP			6.1 TITLE	51-71L		☐ Change	Addition
TITLE			6.2 NAME				_
NAME				T ADDRESS			
STREET ADDRESS			0.0 0 TAL				

14. I 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 suppliemental 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 corpora ion of the receiver or true elempoward to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the corpora ion of Block 12 or Block 13 if changed or of

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP