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

101

1. Corporation	Name	# 5000 Struction inc		(3)						
Principal Place of Business Mating Address								OND 1984 DIDA DIBN		il didil bidil kadı
2087 SARNO RD MELBOURNE FL 32935			20	2087 SARNO RD MELBOURNE FL 32935						
							3. Date Incorporated or Qualified 02/24/1978	3a. Date of 04	Last Re / 25/19	
2. Principal Pla	ace of Busin	ess	2a. Ma	2a. Maling Address			4. FEI Number		·	pplied For
1			26				59-1810394 Not Applicable			
Suite, Apt. 4	#, etc.		27 St	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	Э		Cr 28	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip. •	Country 25			Zip		y	8. This corporation has liability for Florida Statutes Yes		nder s	199.032,
24	g, Name	and Address of Cu		ed Agent	30		10. Name and Address of New F		ent	
					81	Name				
PLYMEL, DONALD L						Street Add	odress (P.O. Box Number is Not Acceptable)			
4435 LAKE WASHINGTON ROAD										
EAU GALLIE, FL					83					
MELBOURNE FL 32935					84	City		FL	35 Zip	Code
SIGNATURE .		orprotect nation of registered OFFICERS	aji tastiberajus ANO DIREGIO	RS	13.		ADDITIONS/CHANGES TO OFF			RS IN 12
TITLE	PTD	PLYMEL, DONALD		DELÉTE 1 1					Charge	TT Modulosi
NAME CYCCU ADODCCO	TREET ADDRESS 4435 LAKE WASHINGTON			RD						
CITY - ST - ZIP	MELBOLIDME EL				1.3 STREET ADDRESS 1.4 CHY-ST-ZIP					
TITLE	VPSD			DELETE	2 1 111.6				Change	☐ Addit on
NAME	PLYM	IEL, SUSAN M.			2.2 NAME					
STREET ADDRESS				RD .		T ADDRESS				
CITY - ST - ZIP	MELE	OURNE FL			2.4 City			p		
TITLE				□ DELETE	3 1 1111.6				Change	☐ Addition
NAME					3 2 NAM6					
STREET ADDRESS						ET ADORESS				
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NAME				C 22227	4.2 NAME				,	
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CITY - S1 - ZIP]				4.4 CISY					
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NAME					6 2 NAM	1				
STREET ADDRESS						EL ADDRESS				
CHTY ST ZIP	1				6 4 CiTY	ST-ZIP		07/0/13 5		

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. Ffurther 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 casts, 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: DONNE L. PLYMEL SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-242-0333