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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra & Morthame

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation		5 (3)					
PADGE	ETT CONSTRUCTION COM	PANY OF SARASOTA, I	NC.				
Principal Place o	Mailing Address				& 616 0141 0101 0101 0101 0101 0101 0101	l	
4883 GREYMOSS LANE SARASOTA FL 34233		4883 GREYMOSS LANE SARASOTA FL 34233					
					3. Date Incorporated or Qualified	3a. Date of Last Report	
					06/08/1978	05/10/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable	
Suite, Apt. #	. etc.	Suite, Apt. #, etc.			59-1826030	- \$8 75 Additional	-
22		27	7		5. Certificate of Status Desired	Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Curren	29 30	0] T		Fiorida Statutes Yes 10. Name and Address of New R		\dashv
	9, Haille alla Address di Culteri	t riegisteren Agent	81	Name	10, Marie and Address of New 11	Ogistored Agent	
PADGETT, DONALD H			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
` 4883 GREYMOSS LANE			83				
SARAS	DTA, FL						
			84	City	FL 85 Zip Code		
or registere	d agent, or both, in the State of Florid	da. Such change was authorized b	he above-r by the corp	named corpora oration's boar	ation submits this statement for the pured of directors. Thereby accept the app	pose of changing its registered offic ointment as registered agent. I am	ce
	i, and accept the obligations of, Secti	on 607.0505, Florida Statutes.					
SIGNATURE	Signature i typed or printed name of registered agent	and title if applicable (NOTE : Fi	Registered Ager	nt signature required	d when reinstailing)	DATE	
12.	OFFICERS ANI	Maria and a series of the series and the series of the ser	13.		ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	_
TITLE	שוט		1. 1 TITLE			Change Addition	
PADGETT, JOANN B		ļ	1.2 NAME				
STREET ADDRESS	4883 GREYMOSS LANE			ADDRESS			
CITY+ST-ZIP TITLE	SARASOTA, FL 0	DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE			Change Addition	
NAME	PVD Padgett, donald h		2 2 NAME			<u></u>	
STREET ADDRESS	4883 GREYMOSS LANE		2 3 STREET ADORESS				
CITY - ST- ZIP	SARASOTA, FL.O						1
TITLE	DAIROOTA, J.E.D	☐ DELETE	3.1 TITLE		40 CO. 10 40 CO. 10 CO.	Change Addition	{
NAME			3 2 NAME				
STREET ALIDRESS			33 STREE	T ADDRESS			
CITY-ST-ZIP			3.4 C/TY - ST - Z/P			Breek and a second a	\dashv
TITLE		DELETE	4 1 TITLE		1000018 -05/08/96010	124 Bige Addition	
NAME			4.2 NAME		-05/08/96010	J08009	
STREET ADDRESS			4.3 STREET ADDRESS		***200.00		
CITY-ST-ZIP		T) DELETE	4.4 CITY-ST-ZIP 5 1 TITLE			Change Addition	{
TITLE NAME		[] better	5.2 NAME				1
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS				- 1
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition	\dashv
NAME			6.2 NAME 6.3 STREET ADDRESS			>2,	
STREET AODRESS						~ 5·1	
CITY-ST-ZIP			6.4 CITY-		i		
14. I do hereby	certify that the information supplied the information indicated on this annual	with this filing is voluntarily furnished	ed and doe report is tr	es not qualify four	or the exemption stated in Section 119 ate and that my signature shall have the	.07(3)(k), Florida Statutes. I further same legal effect as if made under	,]

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 region or structure and accurate and that my signature skall have the same legal effect as if made under oath; that I am an officer or director of the collection of the received not rusted 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 chan attachment with an object.

SIGNATURE:

STORMATURE AND TYPED OR PRINCED NAME OF SIGNAND OFFICER OR OFECTOR

4-15-96 921-4917