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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 634777

(7)

EBCO CONTRUCTION CO., INC.

Principal Place of Business Mailing Address													
2107 W. CASS STREET "C" 2107 W. CASS STREET " TAMPA FL 33606 TAMPA FL 33606-1233													
								3. Date Incorporated or Qualified 09/04/1979		ate of Las 01/199		port	
2. Principal P	lace of Business	28. Mai	ling Address					4. FEI Number				lied For	
21		26						59-2071770				Applicable	
			Suite. Apt. #, etc.					5. Certificate of Status Desired	سل	•	5 Ac	ditional uired	
City & State	9	City	& State					Election Campaign Financing Trust Fund Contribution				May Be Fees	
<i>ζ</i> ιρ	Country 25	Zip		30 Cou	untry	/		8. This corporation has liability for Florida Statutes	rtangible Yes [ers. 1	199.032,	
	9. Name and Address of Curre		Agent	100	Τ		1	10. Name and Address of New Re					
RÓI	DRIGUEZ, ELLIS G		***************************************		81	Name							
2505 HIGH OAKS LANE					82	Street	Addres	iress (P.O. Box Number is Not Acceptable)					
LUI	Z FL 33549				83	<u> </u>		Tanana and			-11-11-11-11-11-11-11-11-11-11-11-11-	· · · · · · · · · · · · · · · · · · ·	
					84	City			FL	85	Zip Co	ode	
office or r agent 1 a SIGNATURE	egistered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida. S gations of, Sec	uch change was ction 607.0505, F	authorize	d by	y the corp	l corpoi poration	ation submits this statement for the p o's board of directors. I hereby acces	ourpose of the app	changir ointmen	ng its t as re	registered egistered	
	Stgnature, typed or printed name of registered as				d Ag	ent signature	e required	when reinstating)	DATE			10.1.45	
12.	r	ND DIRECTOR	SS DELETE	13. 1.1 T	17: F		T	ADDITIONS/CHANGES TO OFFIC	EHS ANL	Char		IN 12	
TITLE	PD Rodriguez, Ellis G		L_J ORECTE		IAME					10101	·yc		
STREET ADDRESS	2505 HIGH OAKS LANE					I ADDRESS							
CHY-ST-ZIP	LUTZ, FL 00000					ST-ZIP							
THILE	STD		DELETE	211		01 24	 			Chan	 1 g e	Addition	
NAME	SPENCER III, JAMES T			2.2 N	IAME								
STREET ADDRESS	3213 W. WOODLAWN AVE.			2.3 5	TREE	T ADDRESS	1						
CITY-ST-7IP	TAMPA, FL 00000			2.4	CITY-	ST-ZIP							
TITLE			DELETE	3.1 T	ITLE					Char	1ge	Addition	
NAMÉ				3.2 N	IAME								
STREET ADDRESS				3.3 \$	TREE	t address							
City - ST - 7IP				3.4	CITY-	ST-ZIP	<u> </u>					· 	
BILE			DELETE	4.1 1	ITLE					☐ Char	1ge		
NAME				4.2	NAME								
STREET ADDRESS				4.3 5	STREE	T ADDRESS							
CITY - ST - ZIP				4.4 0	HTY-S	ST-2IP	<u>. </u>						
THE			DELETE	5.1 T	ITLE					☐ Char	nge	☐ Addition	
NAME				5.21	NAME		}						
STREET ADDRESS				5.3 \$	STREE	T ADDRESS							
CITY - \$1 - ZIP				540	OITY-	ST-ZIP							
HILE			DELETE	617	ITLE					Char	nge	Addition	
NAMÉ	}			621	IAME		1						

SIGNATURE

STREET ADDRESS

63 STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify on the exemption stated in Section 119.07(3)(i), 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 proporation 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 33 of priged, or on any attachment with an address.

813-254-5356

FILED

Mar 05 1997 8:00am

Secretary of State