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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 639899

(4)

CHAMPION CONSTRUCTION COMPANY, INC.

Principal Place	of Business	Mailing Address				I SANITA MININ INTER TARAN TARAN ANTO FOR MININ MARKE	Tibși eleși difii d		
13841 DARLENE HUDSON FL 344	AVE	13841 DARLENE AVE HUDSON FL 34667-1313							
						1	ate of Last Re 101/1996	eport	
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number	Apı	plied For	
21		26				59-1952315		t Applicable	
Suite, Apt #		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Section Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
23 Zip	Country	[28]	Zip Country			Trust Fund Contribution L_J 8. This corporation has liability for intangible			
24	25	29	30	u ,			No	199.002,	
24	g. Name and Address of Currer		1001	T		10. Name and Address of New Registered	Agent		
GADI	RABRANTS, E L JR			81	Name				
	MAIN ST			82	Street	ddress (P.O. Box Number is Not Acceptable)			
	PT RICHEY FL 34653			"	GIIGGI	oures (1.0. Dox 110/1001 is 110/1000ptable)			
(12.1	, , , , , , , , , , , , , , , , , , , ,			83					
				84	City		85 Zip (Code	
						FL	-		
I office or re	egistered agent, or both, in the State	of Florida. Such change was	authorize	ad by	the cor	orporation submits this statement for the purpose or pration's board of directors. I hereby accept the ap	of changing its pointment as	s registered registered	
_	m familiar with, and accept the oblig	ations of, Section 607,000, Fi	ionoa sia	แนเซอ	. .				
SIGNATURE	Signature, typical or printed name of registered ag-	ent and title II applicable. (NO	TE Registere	ed Age	nt signatur	equired when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	STD	DELETE	1.1 T	TITLE			Change	Addition	
NAME	MCMUNN, PERTHELLA		1.2 N	NAME					
STREET ADDRESS	13841 DARLENE AVE		1.3 \$	STREET	ADORESS				
CITY-ST ZIP	HUDSON, FL 00000			CITY-S	T-ZIP		KZ ai	T 1 2 1 1 1 1 1 1	
TillE	VPD	☐ DELETE	2.1 T	IITLE			Change Change	Addition	
NAME	SIMON, DAVID			3MAP		0701			
STREET ADDRESS	3472 AMBERJACK DR					8386 WINDRIDGE WAY			
C(1Y-S1-Z(I)	SPRINGHILL, FL 00000 PD DELETE					BROOKSVILLE, FI	Change	Addition	
THE	MCMUNN, PATRICK J			32 NAME		D			
NAME STREET ADDRESS	13841 DARLENE AVE				ADDRESS				
'	HUDSON FL			CITY-S					
CHTY+ST+ZIP TITLE						P	Change	Addition .	
NAME			4.2	NAME		PATRICK J HCMUNN JR.			
STREET ADDRESS			4.3 \$	STREET	ADDRESS	4523 HOFFMAN AVE.			
CITY-\$1-ZIP			4.4 (CITY-S	17-21P	SPRING HILL, FI			
TITLE		DELETE	5.1	TITLE			Change	Addition	
NAME			5.21	NAME					
STREET ADDRESS			5.3 9	STREET	ADDRESS				
CITY - ST - ZIP				CITY-S	ST - ZIP		Change	Addition	
TITLE		DELETE	- 1	TITLE			CI CHANGE		
NAME				NAME					
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	by certify that the information supplie	ed with this filing does not gue	life for the	CITY-S e exe	motion	ated in Section 119.07(3)(i), Florida Statutes. I furth	er certify that	the	
informatio	on indicated on this annual report or flicer of director of the corporation of in Block 12 or Block 13 if changed, or	supplemental annual report is or the receiver or trustee empo	true and wered to	exec	urate ar oute this	that my signature shall have the same legal effect sport as required by Chapter 607, Florida Statutes;	as if made un and that my r	der oath; that name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4.17.97

813/863-7865

FILED

Apr 22 1997 8:00am

Secretary of State