## NC 3-27-98 B-3853 NC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT # 1. Corporation Name

(4)

CHAMPI	ON CONSTRUCTION COM	MANY, INC.			
Principal Place	of Business	Mailing Address			
13841 DARLENE AVE HUDSON FL 34667 HUDSON FL 34667		13841 DARLENE AVE			
		HUDSON FL 34687			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					10/17/1979
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-1952315</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired S8.75 Additional
22	·	27			Fee Required
City & State		City & State			Election Campaign Financing     \$5.00 May Be
<b>23</b> Zip	Country	28 Zip	Countr	u	Trust Fund Contribution
24	25	29	30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24]	9. Name and Address of Curre		1301		10. Name and Address of New Registered Agent
GAR	RABRANTS, E L JR		81	Name	
6008 MAIN ST			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
NEW PT RICHEY FL 34653			02	Street Addit	ess (F.O. Box Number is Not Acceptable)
			83		
			84	City	85 Zip Code
				1	<b>FL</b>   '   '
11. Pursuant to office or repagent. I am	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Statut e of Florida. Such change was a ations of, Section 607.0505, Fla	es, the abov authorized b orida Statute	re-named corp by the corporations.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE _	<u> </u>	0.00	T. D		red when reinstating) DATE
12.	ignature, typed or printed name of registered ag- OFFICERS AN	ID DIRECTORS	13.	ent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	\$TD	DELETE	1.1 TITLE		Change Addition
NAME	MCMUNN, PERTHELLA		1.2 NAME		
STREET ADDRESS	13841 DARLENE AVE		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	HUDSON, FL 00000		1.4 CITY-	ST-ZIP	
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	SIMON, DAVID		2.2 NAME		
STREET ADDRESS	8386 WINDRIDGE WAY		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	T program	2. 4 CITY-	ST-ZIP	
TITLE	D DATOION I	☐ DELETE	3.1 TITLE		Change Addition
NAME	MCMUNN, PATRICK J		3.2 NAME 3.3 Street addi		,
STREET ADDRESS	13841 DARLENE AVE HUDSON FL		•		
CITY-ST-ZIP TITLE	P	DELETE	3.4. CITY- 4.1 TITLE	31-417	Change Addition
NAME	MCMUNN, PATRICK J JR	<u></u>	4. 2 NAME	.	
STREET ADDRESS	4523 HOFFMAN AVE		4	T ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST - ZIP	
TITLE		☐ DELE <b>TE</b>	6.1 TITLE	T	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS					
			6.3 STREE	T ADDRESS	
CITY-ST-ZIP		at the file of the second of the second	6.4 CITY-	ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the Information

2.72.90 Q12.012 7016

**FILED** 

Mar 27 1998 8:00am

Secretary of State