

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **678370** (8)
1. Corporation Name
NATIONAL CONSTRUCTION AND RESTORATION, INC.

FILED
95 MAY -1 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4322 LONGCHAMP DR **4322 LONGCHAMP DR**
P.O. BOX 3226 **P.O. BOX 3226**
SARASOTA FL 34230 **SARASOTA FL 34230**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/15/1980** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-2013090** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **60 CORAL DR** 26 **P.O. Box 1358**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **KEY LARGO, FL** 27 **KEY LARGO**

City & State City & State
23 **FLA** 28 **FLA**

Zip Country Zip Country
24 **33037** 25 29 **33037** 30

9. Name and Address of Current Registered Agent
STEINACKER, DELANO A.
4322 LONGCHAMP DRIVE
SARASOTA FL 34235

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **60 CORAL DR**
84 City **KEY LARGO** FL 85 Zip Code **33037**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINACKER, DELANO A	12 NAME	
STREET ADDRESS	4322 LONGCHAMP DRIVE	13 STREET ADDRESS	60 CORAL DR.
CITY - ST - ZIP	SARASOTA, FL 0	14 CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE	ST	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINACKER, GLENDA H	22 NAME	
STREET ADDRESS	4322 LONGCHAMP DRIVE	23 STREET ADDRESS	60 CORAL DR
CITY - ST - ZIP	SARASOTA, FL 0	24 CITY - ST - ZIP	KEY LARGO, FL 33037
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or block 13 changed, or on an attachment with an address.

SIGNATURE *Delano A. Steinacker* **4-25-95** **305-453-0717**
DELANO A. STEINACKER Date (Typed Name)