

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 685221 (4)

1. Corporation Name

MEL DIELMANN, BOB JONES, CONTRACTORS, INC.



Principal Place of Business

3341 SEA VIEW STREET
C/O MELVIN H DIELMANN
SARASOTA FL 34239

Mailing Address

3341 SEA VIEW STREET
C/O MELVIN H DIELMANN
SARASOTA FL 34239

3. Date Incorporated or Qualified
08/25/1980

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

21 4012 ROCHEFELLEN AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 4012 ROCHEFELLEN AVE
Suite, Apt. #, etc.

4. FEI Number

59-2032969

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 SARASOTA, FL
Zip Country

24 34231

25 SARASOTA

City & State

28 SARASOTA, FL
Zip Country

29 34231

30 SARASOTA

9. Name and Address of Current Registered Agent

DIELMANN, MELVIN H.
3341 SEA VIEW STREET
SARASOTA FL

10. Name and Address of New Registered Agent

81 Name

ROBERT O. JONES

82 Street Address (P.O. Box Number is Not Acceptable)

4012 ROCHEFELLEN AVE

83

84 City

SARASOTA

FL

85 Zip Code

34231

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

Robert O. Jones
Signature, typed or printed name of registered agent and title is applicable

ROBERT O. JONES

4/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME DIELMANN, MELVIN H.
STREET ADDRESS 3341 SEA VIEW STREET
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE V
NAME JONES, ROBERT
STREET ADDRESS 4876 N. PEREGRIN POINT
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE S
NAME JONES, KAY
STREET ADDRESS 4876 N. PEREGRIN POINT
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE T
NAME DIELMANN, BARBARA R
STREET ADDRESS 3341 SEA VIEW ST
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME DIELMANN, MELVIN H.
1.3 STREET ADDRESS 3341 SEA VIEW STREET
1.4 CITY-ST-ZIP SARASOTA, FL 34233

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME DIELMANN, BARBARA R
4.3 STREET ADDRESS 3341 SEA VIEW ST
4.4 CITY-ST-ZIP SARASOTA, FL 34233

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert O. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT O. JONES

4/29/96

Date

(941) 922-5977

Daytime Phone #

CR2E034 (12/95)