## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 769392

1. Corporation Name

769392

## FILED Apr 22 1997 8:00am Secretary of State

CONST	RUCTION MATERIALS	ENGINEERING	COL	JNC	CIL,	INC					
Principal Place	e of Business	Mailing Address									
649 V	assar St	649 Vassar St									
	do FL 32804	Orlando FL		١4							
<b>.</b>		02241140 12	3200	, -		-	3. Date Incorporated or Qualified	3a. Da	le of Last F	Report	٦
						07/15/1983	06/18/1996			1	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			oplied For	]
21		26					<u>59-2316651</u>			ot Applicable	_
Suite, Apt	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
City & Stat	P	City & State				<del></del>	6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		equired	┥
23		28					Trust Fund Contribution			May Be to Fees	1
Zip	Country	Zip Country				8. This corporation has liability for in	ntangible			1	
24	25	29				Florida Statutes Yes No					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg			Istered Agent			
				81	Name						
Barnes, Susan M					Street A	Address	(P.O. Box Number is Not Acceptab	le)			7
	assar St										4
Orlan	do FL 32804			83		_					
				84	City			FL	<b>65</b> Zip	Code	1
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statu	tes, the at	bove	-named	corpora	ation submits this statement for the p		changing i	ts registered	┨
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State our familiar with, and accept the obligati	Florida Such change was	authorizer	d by	the corp	oration	's board of directors. I hereby accep	the appo	ointment as	registered	
	and accept the congati	8/13 Of, Octob 1017.0000, 11	Onoa otat	.ulos	•						
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered	d Ager	nl signature	required v	vhen reinstaling)	DATE	***************************************		1
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFIC				]g
THILE	DC	☐ DELETE	1.1 []	TLE	Ī	D			Change	Addition	Ò
NAME	brew, Gary		1 2 NAME								3
STREET ADDRESS	9970 Bavaria Rd				3 STREET ADDRESS						ļ
CITY - ST - ZIP	Ft Myers FL 33913		1.4 CITY - ST 2.1 TITLE		T-ZIP				Change	Addition	٦Þ
TITLE NAME	DC		2.2 N/			D			LA Change	Modified	
STREET ADDRESS	Dunstan, Ed	•	1		ADDOCCC						
CITY ST-ZIP	6725 78th St Riverview FL		a.	2.3 STREET ADDRESS 2. 4 CITY+ST-ZIP							-
TITLE		DELETE	3.1 TI			Den	1	· · · · · · · · · · · · · · · · · · ·	Change	XX Addition	1
NAME	D		3.2 N/	AME	1	Smi	th, Vic			XX	
STPEET ADDRESS	Ellis, John II 5109 Stepp Ave		33 ST	TREET .	ADDRESS	630	2 N 56th St				
CHT+ST-ZIP	Jacksonville FL		3 4. C	ITY - S	T- ZIP		pa FL 33610				
THUE	D	DELETE	4 1 TI	TLE					Change	Addition	
NAM?	Flynn, Russell		4. 2 N								
STREET ADDRESS	1111 N Westshore	ore Blvd		4.3 STREET ADDRESS					<b>A</b> =		
CITY - ST - ZIP	Tampa FL 33607	4.6		4.4 CITY - ST - ZIP						1 4 4 4 9 1 1	4
TILLE	PST	L.J Utitit	DELETE 5.1 TIT			DC 20000021		ZEE.	幫₩	Addition	برا د
NAML	Hays, Mark		5.2 N/		ABDOFFE		-04/24/97010	nıÜ	∪ <b>4∠X</b> ( ,	11/12/19	
STREET ADDRESS	3532 Maggie Blvd				ADDRESS		***61.25		/114	ا اسما	1
CHTY - ST - ZIP TITLE	Oriando Fr	J.4		TY-ST TLF		DC			☐ Mange	Addition	$\forall$
NAME	D	•		I			kona mili			XX	
STREET ADDRESS	Houseman, Ken	10.3 2	6207				kens, Bill				1
CHY-ST ZIP	2540 Metro Center West Palm Beach	r:Blyd., Ste	4	TY- 51		Tam	3 Monterey Dr pa FL 33625				1
			E. C. Aller			1 - 4 1 lo	Deadler 440 07(0)(i) Chadala Otalian	16			٦.

14. I do hereby certify that the information supplied with this filing does not qualify for 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-09

813-623-3524 Ext 134

Daytime Phone #