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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F15279** 

(5)

CARADE	AN CONSTRUCTION, INC	l <b>1</b>								
Principal Place	e of Business	Mailing Address				-	1 (	OVOVA OVOVA E		
7426 LUTZ LAKE FERN ROAD ODESSA FL 33556 US		7426 LUTZ LAKE FERN ROAD ODESSA FL 33556-4106 US								
						3.	Date Incorporated or Qualified 01/19/1981		te of Last F <b>29/1996</b>	Report
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number	1,		oplied For
21		26				<b>59-2098469</b> Not Applicable				
Suite, Apt	#, etc	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional
22		City & State				-				equired
City & State	!	28				6.	Election Campaign Financing Trust Fund Contribution	$\Box$		May Be to Fees
<b>23</b> ] 7ip	Country	7 <sub>lp</sub>	Cour	ntry		R	This corporation has liability for it	ota <b>r</b> oible		
24	25	29	30	•					] No	. (55.60t ,
	9. Name and Address of Curre		11			10.	Name and Address of New Reg	gistered /	Agent	
MAN	NLEY, DEAN			81	Name					
	8 LUTZ LAKE FERN ROAD		<u> </u>	82	Street Addre	ess (P	O. Box Number is Not Acceptab	le)		
ODE	ESSA FL 33556		_							
				83						
				84	City				<b>85</b> Zip	Code
 	TTTT CONTROL CONTROL CONTROL CONTRACTOR	02 - 1002 (100 F) - 14- 0(-)				-untin	a a damata this statement for the s	FL		40 405 1040400
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	le of Florida, Such change was	authorized	ove-	-named corpo the corporatio	oralio on's t	n submits this statement for the place poard of directors. I hereby accep	urpose or It the app	changing i bintment as	registered
l agent La	m far <b>y</b> har with land accept the obli	gations of, Section 607.0505, F	lorida Stati	ites.						
SIGNATURE	Signature Type of the protect transport of trap of the Tara	ley DEM	N/A	N	I_E Y nt signature required	el ution	O .	- 13 ·	77	
12.	OFFICERS AT	ND DIRECTORS	13.	Agen	ii sigriatti e requiret		ADDITIONS/CHANGES TO OFFIC			RS IN 12
Titel	D	DELETE	1.1 TITI	L F					Change	Addition
NAME	MANLEY, CHRISTINE		1.2 NA	ME						
STREET ADORESS	7426 LUTZ LAKE FERN ROA	D	1.3 \$76	REET A	address					
0(1Y+S1+2)F	ODESSA, FL 00000	1		1.4 CITY - ST - ZIP						
TILLE	DP DELETE		21717	21 TITLE					Change	Addition
NAME	MANLEY, DEAN		2.2 NAME							
STREET ADDRESS	7426 LUTZ LAKE FERN ROA	D	23 STF	REET A	address					
CHY-S1 Z0	ODESSA, FL 00000	**************************************	2 4 01		1 - ZIP					F 1 2 2 2 2 2
THLE	DELETÉ		3 1 TIT				4		Change	Addition
NAME			3 2 NA							
STREET ADDRESS					address					
CITY ST 74		DELETE	3.4. ÇI		T-7IP				Change	Addition
T [LE		F" receit	4 1 TIT						L. Onanys	[] ADDITION
NAM?			4 2 NA		ADDOLCO					
STREET ADDRESS					ADDRESS					
City-St-Z≥ Titu		☐ DELETE	4.4 CIT 5.1 Titl		- 4 (P				Change	Addition
NAMI			52 NAI							
STREET ADDRESS					ADDRESS					
CITY+ST-7P			54 CIT							
101 F		DELETE	5 1 TIT	<del></del>	-"		<u></u>	<del></del>	Change	Addition
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					

SIGNATURE:

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

64 CITY-ST-ZIP

DEAN MANLEY 3-13-97 813-920-3213

**FILED** 

Mar 19 1997 8:00am

Secretary of State