## 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 # F22602

(9)

TERWILLIGER MASONRY & CONCRETE, INC.

BONITA SPRINGS, FL 00000

|   |   |  |                     |   | -1 (100)/41 (110 )/100 (1410 1711/ 00116 )/101   |                                  |                          |                                       |
|---|---|--|---------------------|---|--|----------------------------------|--------------------------|---------------------------------------|
| Principal Place of Business Mailing Address       |   |  |                     |   | . 1841194 (154 11545 11545 4111 6245 1151)   | #1#14 #1#10 #1#11 <b>4</b>       | NAMES OF STREET          | 1#1* <b>198*</b>                      |
| 10975 HAVEN LANE<br>BONITA SPRGS FL 33923<br>US   |   | 10975 HAVEN LANE<br>Bonita Sprgs FL 34135-6737<br>US |                     |   |  |                                  |                          |                                       |
|   |   |  |                     |   | 3. Date Incorporated or Qualified 03/10/1981   | 3a. Date of 04/24/               |                          | port                                  |
| 2. Principal P                                    | lace of Business  | 2a. Mailing Address                                  | 2a. Mailing Address |   |  |                                  |                          | plied For                             |
| 21 109  | 15 HAVEN LN   | 26   |                     |   | <b>59-2076543</b> Not Applic   |                                  |                          | t Applicable                          |
| Suite, Apt  |   | Suite, Apt. #, etc.                                  |                     |   | 5. Certificate of Status Desired   | S8.75 Additional Fee Required    |                          |                                       |
| City & State  23 Boni                             | , <i>C</i>  | City & State   |                     |   | Election Campaign Financing     Trust Fund Contribution  |                                  | \$5.00 i<br>Added to     |                                       |
| 710<br>24 34/3                                    | 25 US   | Zip Country 30                                       |                     |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes T No |                                  |                          |                                       |
| Name and Address of Current Registered Agent      |   |  |                     |   | 10. Name and Address of New Registered Agent   |                                  |                          |                                       |
| BATO  | CHELOR, DAN E, PA   |  | 81                  | Name  |  |                                  |                          |                                       |
| 4171 W BONITA BCH RD<br>BONITA SPRGS, FL<br>33923 |   |  | 82                  | 32 Street Address (P.O. Box Number is Not Acceptable) |  |                                  |                          |                                       |
|   |   |  | 83                  |   |  |                                  |                          |                                       |
|   |   |  |                     |   |  |                                  |                          |                                       |
|   |   |  | 84                  |   |  | FL                               | 34 /                     | 134                                   |
| office or r                                       | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig | of Florida. Such change was aut                      | horized by          | the corporati   | oration submits this statement for the points board of directors. I hereby acceptions            | ourpose of chi<br>pt the appoint | anging its<br>tment as r | registered<br>registered              |
| SIGNATURE   | Sign aline, typical or printed name of registered age   | or and tillo if applicable (NOTE F                   | tegistered Age      | nt signature require                                  | ed when rainstating)   | DATE                             |                          | · · · · · · · · · · · · · · · · · · · |
| 12. OFFICERS AND DIRECTORS                        |   |  | 13.                 |   | ADDITIONS/CHANGES TO OFFICE  | CERS AND DI                      | RECTOR                   | S IN 12                               |
| MILE  | ST  | ☐ DELETE   | 1.1 TOTAE           | 57  |  |                                  | Change                   | Addition                              |
| NAME  | TERWILLIGER, GARY L.  |  | 1.2 NAME            | GF  | IRY L, TERWILLIC<br>851 RED DRAGON   | SER.                             |                          |                                       |
| STREET ADDRESS                                    | 10975 HAVEN LANE  |  | 1.3 STREET          | ADDRESS //O   | 851 RED DRAGON   | U 1-1V                           |                          |                                       |
| GCY ST-7-2  | BONITA SPRINGS, FL 00000  |  | 1.4 CITY - S        | T-ZIP BO  | nita Springs, FL 3   | 34135                            |                          |                                       |
| 100,6   | DPC   | ☐ DELETE   | 2.1 TITLE           | DF  | °C   |                                  | Change                   | Addition                              |
| NAME  | TERWILLIGER, GARY T   |  | 2.2 NAME            | G   | ARY TO TERWILL   | -IGER                            |                          |                                       |
| CIDELY APPEAL O                                   | 10075 HAVEN LANE  |  | 22 STREET           |   | DISCHAUCH LAC  |                                  |                          |                                       |

64 CITY-S1-ZIP

14. If do hereby certify that the information supplied with this filling 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 extrachment with an address.

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City-St-Zip

3.4. CITY-ST-ZIP

3.1 TITLE

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

54 CITY-SY-ZIP

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SIGNATURE:

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STREET ADORESS

STREET ADDRESS

STREET ADDRESS City-51-74\*

STREET ADDRESS

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THE

NAME

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MONATURE AND TYPED OR PRINTED NAME OF SANING OFFICER OR DIRECTO

3-28-97 941-992-2578

**FILED** 

Apr 04 1997 8:00am

Secretary of State

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