

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**

95 FEB 17 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F57158 (0)

1. Corporation Name

AXIS GENERAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

15 LINDA RD. BHR
OKEECHOBEE FL 34974
US15 LINDA RD.. BHR
OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/03/1981

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2158424

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

VETOVITZ, VERNON W
10 LINDA ROAD B#R
OKEECHOBEE FL 33474

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and corporation

(NOTE: Registered Agent signature required when registering)

DATE

2/14/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME VETOVITZ, VERNON W
STREET ADDRESS 10 LINDA ROAD B#R
CITY-ST-ZIP OKEECHOBEE FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE S
NAME VETOVITZ, JANICE
STREET ADDRESS 10 LINDA ROAD B#R
CITY-ST-ZIP OKEECHOBEE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE P
NAME MOLLOY, GERARD
STREET ADDRESS 10 LINDA ROAD B#R
CITY-ST-ZIP OKEECHOBEE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BOTH THE OFFICER OR DIRECTOR

Vernon Vetrovitz

2/14/95 813-467-0043

Date

Telephone #