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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPI <b>1998</b>	ORI			)	Secretary of State DIVISION OF CORPORATIONS					Secretary of State			
DOCUMENT # F67705 (6)  MCBRIDE CONTRACTORS, INC.														
												<b>iri 6</b> 33 <b>618</b> 11 61	ili ekin ekin eki	
Principal Place of Business Mailing Address												4 <b>5</b> 1 <b>0</b> 111 <b>013</b> 11 <b>0</b> 11		
8000 NO 18TH			P.O. BOX 457											
4301 N. 40TH ST, TAMPA FL 33604			TAMPA FL 33601									RITE IN THI	S SPACE	
U\$										į	3. Date Incorporated or Quali	fied		
2. Principal P	lace of Busin	ess	2a. Mailing Address								02/17/1982 4. FEI Number		I A	pplied For
		nia				01 N. Armenia Avenue				59-2196670		N	ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. :			Apt. #, etc.	ŧ, etc.				5. Certificate of Status Desire	d $\square$		Additional equired
City & State	e			City & State							8. Election Campaign Financi	na		May Be
23 Tamp	a, Flor			2	28 Tampa, Flor						Trust Fund Contribution			to Fees
Zip			Country Zip USA 29 3			2222		Country 30 USA			<ol> <li>This corporation owes or h. Personal Property Tax due</li> </ol>			tangible ] No
			ddress of Current Registered				30]	,0  USA			10. Name and Address of Ne			
MC	BRIDE, GO	RDON A	<b>A</b>				·	81	Name					
9000 NO 18TH ST								82	Street A	ddres	s (P.O. Box Number is Not Acc	eptable)		
TAMPA FL 33604								83	80:	1_N	orth Armenia Aver	iue		
								63						
									City	mma		F		Code 609
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.											ation submits this statement for			ts registered
agent. I a	egistered ag m <b>fa</b> miliar wi	ent, or to	ioin, in the Stat accept the obliq	e of Fil	iorida Sucr s of, Section	i change was i 607.05 <b>0</b> 5, Fl	autnorized orida Stati	utes	ne corpo i.	oration	ns board of directors. I hereby a	iccept the at	opointment as	registered
SIGNATURE	Slandura burnet	1–-(	nanie of registered agent and title diapp cable (NOTE:				Gordo	ordon A. McBri Registered Agent algorature required			de	2	-24-98	
12.	cognatore types	Ca pressure	OFFICERS AN			0 (140)	13.	, mgr	in signatore re	quieo	ADDITIONS/CHANGES TO			RS IN 12
TITLE	PD					DELETE	1.1 TiT	LĒ					Change	Addition
NAME	MCBRIDE						1.2 NA							
STREET ADDRESS	4301 N.								ADDRESS					
CITY-ST-ZIP TITLE	TAMPA,	FL 000	00			DELETE	1.4 CIT 2.1 TIT		T-ZIP		······································		Change	Addition
NAME						Cal Becare	2.2 NA						C Commig	
STREET ADDRESS									ADDRESS					
CITY-ST-ZIP							2. 4 CI	TY-S	T-ZiP					<u></u>
TITLE						DELETE	3.1 TIF	LE					Change	☐ Addition
NAME							3.2 NA							
STREET ADDRESS CITY-ST-ZIP							1		ADDRESS					
TITLE						DELETE	3.4. Cf 4.1 TiT		1-ZIF		······································		Change	☐ Addition
NAME							4. 2 NA	ME	1				_	ł
STREET ADDRESS							4.3 STF	REET	address					
CITY-ST-ZIP							4 4 CIT		F-ZIP					
TITLE						DELETE	51 TH						☐ Change	Addition
NAME etheet annosee							5.2 NA		*UDDICO					
STREET ADDRESS   City-St-Zip							5.4 CIT		ADDRESS					
TITLE	<del></del>					DELETE	6.1 TiT		- LIF		<del> </del>		Change	☐ Addition
NAME							62 NAI						•	
STREET ADDRESS							6 3 ST#	REET	ADDRESS					
CITY-ST-ZIP							64 CIT	Y-ST	- ZIP					

14. I 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 frue 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.

CICNATURE.

Gordon A. McBride

2-24-98

**FILED** 

Mar 24 1998 8:00am

(813) 258-6700