SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F82650

(5)

FLORIDA CONSTRUCTION SPECIALIST, INC.

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	· · · · · · · · · · · · · · · · · · ·	·····]
1 . '	ce of Business	Mailing Address				en anan Andre Andre Blatt Attre Aldie 1841
C/O SCOTT RHODES P.O. BOX 5965		C/O SCOTT RHODES				
1 = 10		P.O. BOX 5965 TALLAHASSEE EL 32314	JA 5905 IASSEE FL 32314-5965		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
					05/25/1982	04/04/1996
<u>⊢</u> `	Place of Business	2a. Mailing Address	***************************************		4. FEI Number	Applied For
21		26			59-2151625	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional
22 City & Stat	a .	City & State				Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curr		1231		10. Name and Address of New Re	
[CH	iristian, angela L		81 N	ame 🦳	aux M. Mure	hu
1115 ORANGE AVENUE			82 St	treet Addres	ss (P.O. Box Number is Not Acceptat	
TA	LLAHASSEE FL 32314			111		
İ			83		• • • • • • • • • • • • • • • • • • • •	
			84 Ci	ity		85 Zip Code
				lal	lahassec	FL 32510
11. Pursuant to the provisions of Soctions 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 607.0505, Florida Statutes.						
agent. La	im familiar with, and accept the obt	igations of, Section 607.0505, Flo	orida Statutes.	,		′ - 00
SIGNATURE	Signature, typed or printed name of registered a	agont and title if applicable. (NOT	E: Flegistored Agent sig			0-12-4.1
12.		AND DIRECTORS	13.	jnatura required	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			Change Addition
NAME	RHODES, SCOTT		1.2 NAME			_ , _
STREET ADDRESS	1402 S LEHIGH DRIVE		1.3 STREET ADDE	RESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY - ST - ZIP	,	•	
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	RHODES, SCOTT		2.2 NAME			
STREET ADDRESS	1402 S LEHIGH DRIVE		2.3 STREET ADDE	RESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-S1-ZII	P		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME		•	
STREET ADDRESS		•	3.3 STREET ADDR			
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY-ST-Z()	P		Observe Address
		C DETERE	41 TITLE			Change Addition
NAME STREET ADDRESS			4. 2 NAME			
			4.3 STREET ADDR			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	· -		Change Addition
NAME		End Decert	5.2 NAME			El estado El vandini)
STREET ADDRESS			5.3 STREET ADDR	RESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 T(TLE			Change Addition
NAME		-	6.2 NAME			
Street address			6.3 STREET ADDR	RESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

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 charged, or on an attachment with an address.