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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # F9400001678 (1)

BERGMAN BROTHERS CONTRACTORS, INC.

18745 SEMINOLE DR. 13745 SEMINOLE DR. CHINO CA 91710-5515 **CHINO CA 91710** 3a. Date of Last Report 3. Date Incorporated or Qualified 04/01/1994 04/10/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 95-3764869 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ECKHOFF, MIKE 103 1 2 BROADWAY** 82 Street Address (P.O. Box Number is Not Acceptable) **KISSIMMEE FL 34744** 83 84 Zip Code ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Specifolic office or registered agent, or post agent. I am familiar with, and according SIGNATURE (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.171116 BERGMAN, MARK C NAME 1.2 NAME 13545 TREASURE WAY 1.3 STREET ADDRESS STREET ADDRESS CHINO HILLS CA CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE Change Addition 21 TITLE TITLE BERGMAN, DANIEL L NAME 2.2 NAME 707 N. BRADISH 2.3 STREET ADDRESS STREET ADDRESS SAN DIMAS CA 2 4 CITY-ST-7IP CITY-ST-ZIP Change Addition DELETE 3.1 THLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 JULE TITLE NAME 5.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

□ DELETE

14. Ido 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 hydroceiver) or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changing, or on an attachment with an address.

☐ Change

Addition

**FILED** 

Apr 21 1997 8:00am

Secretary of State