

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002961 (0)

1. Corporation Name

ICI CONSTRUCTORS, INC.



Principal Place of Business

Mailing Address

10500 UNIVERSITY CENTER DRIVE  
SUITE 155  
TAMPA FL 33612  
US

10500 UNIVERSITY CENTER DRIVE  
SUITE 155  
TAMPA FL 33612  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1994

4. FEI Number

36-3952260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 10500 University Ctr Dr

Suite, Apt. #, etc.

22 Suite 155

City & State

23 Tampa, FL

Zip

24 33612

Country

25 Hillsborough

2a. Mailing Address

26 10500 University Ctr Dr

Suite, Apt. #, etc.

27 Suite 155

City & State

28 Tampa, FL

Zip

29 33612

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

GETZ, MICHAEL J  
10500 UNIVERSITY CENTER DRIVE  
SUITE 155  
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

Michael J. Getz

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

10500 University Center Drive #155

83

84 City

Tampa,

FL

85 Zip Code

33612

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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PCD MILLER, JAMES W 121 RAINBOW DRIVE SLEEPY HOLLOW IL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD GETZ, MICHAEL J 17811 HICKORY MOSS PLACE TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD MILLER, MARTHA S 121 RAINBOW DRIVE SLEEPY HOLLOW IL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

President Miller, James W 17811 Hickory Moss Place Tampa, FL 33647

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Vice President Getz, Michael J 9407 Hunters Pond Drive Tampa, FL 33647

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Secretary Miller, Martha S 17811 Hickory Moss Place Tampa, FL 33647

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-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 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:

*Michael J. Getz*

2/16/98

813-977-3898

CR2E034 (10/97)