

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003839 (7)**

1. Corporation Name

DRENGBERG CONSTRUCTION, INC.



Principal Place of Business

**11 E. 8TH AVE
SUMMERLAND KEY FL 33042**

Mailing Address

**11 E. 8TH AVE
SUMMERLAND KEY FL 33042**

2. Principal Place of Business

2a. Mailing Address

21 **21085 HAMILTON**

26 **21085 HAMILTON**

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
04/21/1995

4. FEI Number
38-2563174

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**DRENGBERG, MICHELE
11 E. 8TH AVE
SUMMERLAND KEY FL 33042**

81 Name

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

21085 HAMILTON

83

84 City

SUMMERLAND KEY FL

85 Zip Code

33042

11. Pursuant to the provisions of Sections 607.0032 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 607.0595, Florida Statutes.

SIGNATURE

12. Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☒ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

2. TITLE
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CITY, ST, ZIP

☐ Change ☐ Addition

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CITY, ST, ZIP

☐ DELETE

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☐ Change ☐ Addition

4. TITLE
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STREET ADDRESS
CITY, ST, ZIP

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4. TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ DELETE

6. TITLE
NAME
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CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

Michele Drengberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

305-744-9716

CR2E034 (12/95)