

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002400**

1. Corporation Name

**MICHAEL R. BUDAGHER SPECIALTY CONSTRUCTORS, INC.**

Principal Place of Business

12001 STATE HWY 14 N.  
CEDAR CREST NM 87008

Mailing Address

12001 STATE HWY 14 N.  
CEDAR CREST NM 87008

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90025 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/16/1995**

4. FEI Number

**85-0313707**

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21 2445 ALAMO AVE., S.E.**

2a. Mailing Address

**26 2445 ALAMO AVE., S.E.**

Suite, Apt. #, etc.

**22 ALBUQUERQUE, N.M. 87106**

Suite, Apt. #, etc.

**27 ALBUQUERQUE, N.M. 87106**

City & State

**23**

City & State

**28**

Zip

**24**

Country

**25**

**U.S.A.**

Zip

**29**

Country

**30**

**U.S.A.**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TDC** ☐ DELETE

NAME **BUDAGHER, MICHAEL R**  
STREET ADDRESS **12001 STATE HWY 14 N.**  
CITY-ST-ZIP **CEDAR CREST NM 87008**

TITLE **VSD** ☐ DELETE

NAME **BUDAGHER, BRUCE P**  
STREET ADDRESS **12001 STATE HWY 14 N.**  
CITY-ST-ZIP **CEDAR CREST NM 87008**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**\*\*\*PLEASE SEE ATTACHED**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

**\*\*\*PLEASE SEE ATTACHED**

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(l), 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 R. Budagher* REGISTERED AGENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

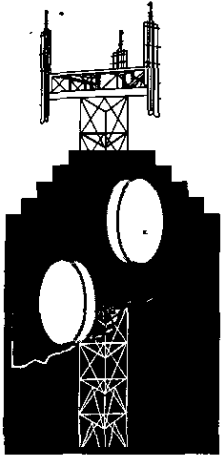
Daytime Phone #

7/10/99

(385) 244-9800

0122528

CR2E034 (5/99)



SPECIALTY

576574-90025-11  
F95000002400

July 12, 1999

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: FEI #85-0313707  
Michael R. Budagher Specialty Constructors, Inc.

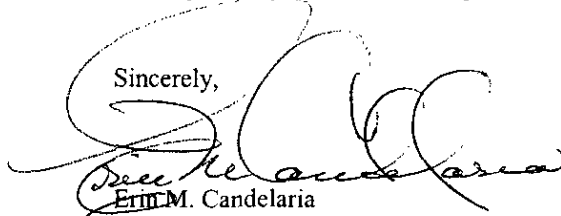
Dear Sir or Madam:

Please find enclosed our Corporate Filing for 1999 along with our check for \$150.00. We never received the First Notice due to the fact that our Corporation moved from Cedar Crest to Albuquerque. We finally received the Second Notice on July 1<sup>st</sup> at our request. I was informed by your Department at the time of request to fill out the form, submit the filing fee of \$150.00, direct payment to this address rather than the P.O. Box 1500 and to write a letter stating the circumstances due to moving.

Please contact me at (505) 242-9800 ext. #1166, Monday through Friday between the hours of 8:00am and 5:00pm if there is any additional information you may need.

Thank you for your time and cooperation with the above-mentioned matter.

Sincerely,

  
Erin M. Candelaria  
Government Tax Compliance Accountant

cc: File

# SPECIALTY CONSTRUCTORS, INC.

## Officers

**Bruce P. Budagher**  
585-19-3653

**Alfred E. Teichman**  
381-76-3663

**Michael R. Budagher**  
585-04-3727

**Keith Hartnett**  
221-42-7548

Co-President

2445 Alamo St., S.E.  
Albuquerque, N.M. 87106

(505) 242-9800

Co-President

2445 Alamo St., S.E.  
Albuquerque, N.M. 87106

(505) 242-9800

Treasurer

2445 Alamo St., S.E.  
Albuquerque, N.M. 87106

(505) 242-9800

Secretary & Asst.  
Treasurer

2445 Alamo St., S.E.  
Albuquerque, N.M. 87106

(505) 242-9800

\* Shares held by Specialty Management, Inc.

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