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May 01 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 # **G02768** (1)  
1. Corporation Name  
**FORSBERG CONSTRUCTION, INC.**

Principal Place of Business  
**6475 GOLF COURSE BLVD.  
PUNTA GORDA FL 33982**

Mailing Address  
**6475 GOLF COURSE BLVD.  
PUNTA GORDA FL 33982**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WENDORF, RICHARD L.  
173 ALBERT LN  
PT. CHARLOTTE FL 33954**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DST** ☒ DELETE  
NAME **JUDSON, RONALD E**  
STREET ADDRESS **1732 E. DEXTER TRAIL**  
CITY-ST-ZIP **DANSVILLE MI 48819**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **V**  
1.3 STREET ADDRESS **Wendorf, Bruce L**  
1.4 CITY-ST-ZIP **424 S. W. 38th Place  
Cape Coral, Fla 33991** ☐ Change ☐ Addition

TITLE **DP** ☐ DELETE  
NAME **WENDORF, RICHARD L**  
STREET ADDRESS **173 ALBERT LN**  
CITY-ST-ZIP **PT. CHARLOTTE FL**

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

TITLE **DC** ☒ DELETE  
NAME **FORSBERG, T A**  
STREET ADDRESS **1102 BONANZA DR**  
CITY-ST-ZIP **OKEMOS MI 48865**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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)(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

941-637-8500

CR2E034 (10/97)