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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G05094

(9)

Mailing Address

DUPREE GENERAL CONTRACTORS, INC.

City & State    City & State   City & State   Country   28   Application   Country   29   3306 7   30   45   State   State   Country   29   3306 7   30   45   State	2 atus Desired aign Financing tribution n has liability for int	\$8.75 A Fee Re \$5.00 Added tangible tax under s	oplied For ot Applicable Additional equired May Be to Fees
10/20/1982   10/20/1982   2a. Mailing Address   4. FEI Number   25   20/20   27   25   20/20   27   30   30   30   30   30   30   30   3	2 atus Desired aign Financing tribution n has liability for int	03/19/1996	oplied For ot Applicable Additional equired May Be to Fees
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Suite Apt. #, etc.    Suite Apt. #, etc.   Suite Apt. #, etc.   S. Certificate of :	atus Desired  aign Financing  tribution  n has liability for int  creas of New Regi	\$8.75 in Fee Re \$5.00 Added tangible tax under s	Additional equired May Be to Fees
2 City & Strip  City & Strip  Application  City & Strip  Application  City & Strip  Country  Country  City & Strip  Country  Country  29	aign Financing Itribution In has liability for int It is It	\$5.00 Added tangible tax under s Yes \( \sum \) No	May Be to Fees
Trust Fund Or Zip Country 29 306 7 30 W R. This corporation Statute 9. Name and Address of Current Registered Agent 10. Name and Address (P.O. Box Numb Park 1401 UNIVERSITY DR., #600 CORAL SPRINGS FL 33065  11. Pursuant to the provisions of Sections 607 0502 and 607. 1508. Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida Sech change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  STREET ADDRESS OF FLORES AND DIRECTORS 13. ADDITIONS/CP 111E DIRECTORS 13. ADDITIONS/CP 111E DIRECTORS 13. STREET ADDRESS OTHY-SI-ZIP DIRECTORS 13. STREET ADDRESS OTHY-SI-ZIP DIRECTORS 14. GITY-SI-ZIP DIRECTORS 14. GITY-SI-ZIP DIRECTORS 23. STREET ADDRESS OTHY-SI-ZIP DELETE 23. TITLE 22. NAME 23. STREET ADDRESS OTHY-SI-ZIP DELETE 31. TITLE 33. STREET ADDRESS OTHY-SI-ZIP DELETE 31. TITLE 24. CITY-SI-ZIP DELETE 31. TITLE 33. STREET ADDRESS OTHY-SI-ZIP DELETE 31. TITLE 33. STREET ADDRESS OTHY-SI-ZIP DELETE 31. TITLE 33. STREET ADDRESS OTHY-SI-ZIP 34. CITY-SI-ZIP 34.	tribution  n has liability for int  critical interest of New Regi	Added tangible tax under s	to Fees
A 3306 7 25 U.S. 28 3306 7 30 U.S. Florida Statute  9. Name and Address of Current Registered Agent  WHITE, ROBERT, A 1401 UNIVERSITY DR., #600 CORAL SPRINGS FL 33065  83  84 City  11. Pursuant to the provisions of Socilions 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature required transporting transporting agent with litter Applicable  Signature PST  UNTE. Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHITTLE  DUPREE, G. NEIL  12 NAME  13 SIRRET ADDRESS  OUTY-SI-ZP  PARKLAND FL  UDELETE  14 CITY-SI-ZP  PARKLAND FL  UDELETE  21 TITLE  DELETE  33 SIRRET ADDRESS  CITY-SI-ZP  PARKLAND FL  DELETE  31 TITLE  A34 CITY-SI-ZP  TITLE  A35 CITY-SI-ZP  DELETE  41 TITLE  A36 CITY-SI-ZP  A4 CITY-SI-ZP  TITLE  A37 CITY-SI-ZP  A4 CITY-SI-ZP  TITLE  A47 CITY-SI-ZP  A4 CITY-SI-ZP  TITLE  A47 CITY-SI-ZP  A4 CITY-SI-ZP	dress of New Regi	Yes No	. 199.032
WHITE, ROBERT, A 1401 UNIVERSITY DR., #600 CORAL SPRINGS FL 33065  82 Street Address (P.O. Box Numb CORAL SPRINGS FL 33065  83 84 City  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of direct agent. I am hamiliar with, and accept the obligations of, Section 607 0505, Florida Statutes  SIGNATURE Systematic provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of direct agent, and the corporation of the corporation's board of direct agent, and the corporation of the corporation's board of direct agent, and the corporation's board of direct agent, and the corporation of the corporation's board of direct agent, and the corporation of the corporation's board of direct agent, and the corpor		istered Agent	
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CORAL SPRINGS FL 33085  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of direct agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHILLE  PST DELETE 11.TITLE  12.NAME  DUPREE, G. NEIL  7021 N.W. 68 ST.  1.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DUPREE, G. NEIL  22.NAME  STREET ADDRESS  CITY-ST-2IP  DELETE 2.TITLE  DUPREE, G. NEIL  22.NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE 3.TITLE  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE 3.TITLE  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE 3.TITLE  3.3 STREET ADDRESS  3.4 City-ST-2IP  TITLE  DELETE 4.TITLE  3.4 STREET ADDRESS  4.4 CITY-ST-2IP  TITLE  ADDITIONS/CHILLE  1.1 TITLE  1.2 NAME  3.3 STREET ADDRESS  4.4 CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  4.4 CITY-ST-2IP  4.4 CITY-ST-2IP  4.4 CITY-ST-2IP  4.4 CITY-ST-2IP  4.4 CITY-ST-2IP	is Not Acceptable	<u> </u>	
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12. OF FICE RS AND DIRECTORS   13. ADDITIONS/CF	atement for the pur s. I hereby accept	rpose of changing it the appointment as	s registered registered
DELETE	***************************************	DATE	
DUPREE, G. NEIL   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   15 CITY-ST-ZIP   15 CITY-ST-ZIP   16 CITY-ST-ZIP   17 CITY-ST-ZIP   18 C	NGES TO OFFICE	RS AND DIRECTOR	
Total N.W. 66 ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP		L Change	■ Addition
DELETE   DUPREE, G. NEIL   DELETE   DUPREE, G. NEIL   22 NAME   23 STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   31 TITLE   NAME   32 NAME   33 STREET ADDRESS   CITY-ST-ZIP   DELETE   31 TITLE   NAME   32 NAME   33 STREET ADDRESS   CITY-ST-ZIP   DELETE   34 CITY-ST-ZIP   TITLE   NAME   34 CITY-ST-ZIP   DELETE   41 TITLE   NAME   42 NAME   42 NAME   43 STREET ADDRESS   CITY-ST-ZIP   44 CITY-ST-ZIP   C			
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TO21 N.W. 66 ST.   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP		L Change	Addition
PARKLAND FL   2.4 CITY-ST-ZIP			
DELETE   3   TITLE   3   NAME			
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CITY - S1 - ZIP 44 CITY - ST - ZIP		· <b>-</b>	_
	·		
NAME 5.2 NAME		Change	☐ Addition
STREET ADDRESS 53 STREET ADDRESS		Change	☐ Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
TITLE DELETE 61 TITLE		Change	Addition
NAME 62 NAME		☐ Change	☐ Addition
STREET ADDRESS 63 STREET ADDRESS			
CITY - ST - ZIP 64 CITY - ST - ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3 information indicated on this annual report or suppliment annual report is true and accurate and that my signature shall have an officer or director of the corporation of the corpor		☐ Change	Addition