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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G18654** (5)

1. Corporation Name
FEDERAL CONSTRUCTION & MAINTENANCE, INC.

Principal Place of Business

**1150 PEBBLEDALE RD
P.O. BOX 236
MULBERRY FL 33860**

Mailing Address

**1150 PEBBLEDALE RD
P.O. BOX 236
MULBERRY FL 33860-0236**

3. Date Incorporated or Qualified
01/13/1983

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 **6025 County Road #640**
Suite, Apt. #, etc.

22
City & State
23 **Mulberry, Fl. 33860**

Zip Country
24 **33860 USA**

2a. Mailing Address

25 **P.O. Box 236**
Suite, Apt. #, etc.

27
City & State
28 **Mulberry, Fl. 33860**

Zip Country
29 **33860 USA**

4. FEI Number

59-2248426

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

9. Name and Address of Current Registered Agent

**BERTRAND, ROBERT J.
202 EAST WALNUT
LAKELAND FL 33802**

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 **P** ☐ DELETE
NAME **MCHALE, JAMES P**
STREET ADDRESS **1150 PEBBLEDALE RD.**
CITY-ST-ZIP **MULBERRY FL**

TITLE **ST** ☐ DELETE
NAME **MCHALE, SHIRLEY**
STREET ADDRESS **1150 PEBBLEDALE RD**
CITY-ST-ZIP **MULBERRY FL**

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 **6025 County Road #640**
1.4 CITY-ST-ZIP **Mulberry, Fl. 33860**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6025 County Road #640**
2.4 CITY-ST-ZIP **Mulberry, Fl. 33860**

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 do 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: *James P. McHale* **James P. McHale 04/01/97 941-428-1378**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)