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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FEDERAL CONSTRUCTION & MAINTENANCE, INC.

| 12521 | L JOHO III JOHO II WINN | Etwitton, itto- | | | |
|---|--|---------------------------------------|---|---|--|
| Principal Place | of Business | Mailing Address | | - | le Maille dinit niner kanta manta ainta that |
| 6025 COUNTRY RD #640 MULBERRY FL 33660 | | PO BOX 236 MULBERRY FL 33860 US | | DO NOT WRITE IN THIS SPACE | |
| US | | • | | 3. Date Incorporated or Qualified | |
| 6 Ostania al Di | at Ductage | 2a, Mailing Address | | 01/13/1983 4. FEI Number | Applied For |
| 2. Principal Place of Business 21 6025 COUNTY ROAD #640 | | | | 59-2248426 | Not Applicable |
| 21 6025 COUNTY ROAD #640. Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6, Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip 3 | Country | This corporation owes or has particular than the Personal Property Tax due June | |
| 24 | 25 9. Name and Address of Current | | 90] | 10. Name and Address of New Re | |
| pco | | | 81 Name Ma | rk F. Dahle | |
| BERTRAND,ROBERT J. 202 EAST WALNUT | | | I . 1 | | ole) |
| | ELAND FL 33802 | | | ess (P.O. Box Number is Not Acceptet South Florida Ave | nue |
| | | | 83 Build | ing A, Suite 101 | |
| | | _ | 84 Clakel | and | FL 85 Zip Code 33807 |
| office or re agent. I as SIGNATURE | Signature, typed or printed name of registered agen- | and title if applicable (NOTE I | Mark F. Da. Registered Agent signature require | NIE A | April 17, 1998 DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 Change Addition |
| TITLE | P | □ DELETE | 1.1 TITLE | | ELI CITATIBE DE ADDITION |
| NAME | MCHALE, JAMES P 6025 COUNTY RD #640 | | 1.2 NAME 1.3 STREET ADDRESS | | |
| STREET ADORESS CITY-ST-ZIP | MULBERRY FL | | | P CODE 33860 | |
| TITLE | ST | DELETE | 21 TITLE | 2 0022 33000 | ☐ Change 🔀 Addition |
| NAME | MCHALE, SHIRLEY | | 2.2 NAME | | · |
| STREET ADDRESS | 6025 COUNTY RD #640 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MULBERRY FL | | | P CODE 33860 | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 3.4 CITY-ST-ZIP | | |
| CITY-ST-ZW TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | _ | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | L. Change L. Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |
| TITLE NAME | | DECEME | 6.2 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY+ST-7IP | | | 6.4 City-ST-7IP | | |

14. 1 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.

May 01 1998 8:00am

Secretary of State