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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G41274

(3)

LANG SOUTHERN CONSTRUCTION, INC.

FILED Jan 31 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address				f todater Chit finac'sibil tiffet ander ;	tint nimit ninii Al	1841 A18 11 A1811 I	#(#II F##1	
1095 LAUREL V	WOODS DRIVE	1095 LAUREL WOODS DRIVE P.O. BOX 25		1				
P.O. BOX 25	14075			ļ				
NOKOMIS FL 3	94275	NOKOMIS FL 34275-1942			3. Date Incorporated or Qualific	nd 38. Dr	ate of Last R	leport
					05/27/1983		26/1996	opon.
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	1 41/4		pplied For
21		26			59-2315405		 	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		73111				Additional
22		27			5. Certificate of Status Desired	L	Fee Re	equired
City & State		City & State		6. Election Campaign Financing)	\$5.00 May Be		
3		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability			. 199.032,
24	25		30		Florida Statutes		No	
	9. Name and Address of Currer	it Registered Agent		B1 Name	10. Name and Address of New	Registered	Agent	
	G, RICHARD V.]	B1 Name				
	S LAUREL WOODS DR.		t	82 Street Add	ress (P.O. Box Number is Not Accer	stable)		·
NOK	(OMIS FL 34275		ŀ	83				
				63				
			Ì	84 City			85 Zip	Code
	to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the obligi			<u>L</u>		<u> </u>		
12.	Signature, typed or printed minite of registered age OFFICERS AN		13.	i Agent signature requ	ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	3S IN 12
	OFFICERS AN	D DIRECTORS DELETE	1.1 []]	T	ADDITIONS/CHANGES 10 OF	FICERS AND	Change	Addition
TITLE NAME	LANG, RICHARD V	C Otterit	1.2 NA				L.J Oldingo	L. Nagitio
STREET ADDRESS	1095 LAUREL WOODS DRIVE			REET ADDRESS				
CITY-ST-ZIP	NOKOMIS FL			TY-ST-ZIP				
TITLE	TONOMO 12	DELETE	2.1 111				Change	Addition
NAME	}		2.2 NA	IME			-	
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NAME			32 NA	IME .				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. CI	ITY-ST-ZIP				
TITLE		DELETE	4.1 7(1	TUE			Change	Additio
NAME			4. 2 N	ame				
STREET ADDRESS			4 3 ST	REET ADORESS				
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TITLE		☐ DELETE	5.1 TiT	1			Change	Addition
NAME			5.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP		the state of the s		TY-ST-ZIP				4 3 3 2 7 3
TITLE		☐ DELETE	61 11	1			Change	Additio
NAME			62 NA	ì				
STREET ADORESS				REET ADDRESS				
CITY - ST- ZIF	1		6.4 CI	TY-ST-Z#P				

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 3 if anged or on an attack ment with an address.

SIGNATURE

MATURE AND TYPED OF PRINTER NAME OF JOHN OFFICER OR DIRECTOR

/24/97 (94) 488 4243