

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sarah B. Moynihan  
Secretary of State  
(850) 487-2400 (TDD) (850) 487-2400

APPROVED  
AND  
FILED

95 MAY -1 PM 5:25

SECRETARY OF STATE

DOCUMENT # **G42942**

(4)

By Corporation Return

**PRUDENTIAL CONSTRUCTION, INC.**

Principal Place of Business

**2401 WEST BAY DRIVE, #122  
LARGO FL 34640**

Mailing Address

**209 18TH AVENUE  
INDIAN ROCKS BEACH FL 34635  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/09/1983**

3a. Date of Last Report

**06/01/1994**

4. FEI Number

**59-2293818**

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

**MACRIS, STEVEN W.  
351 W. VENICE AVENUE  
VENICE FL 33595**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

**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 of Registered Agent or Registered Agent's authorized representative

Signature of Registered Agent or Registered Agent's authorized representative

Date

12. OFFICERS AND DIRECTORS

12.1. Title

12.2. Name

12.3. Street Address

12.4. City, St., Zip

**DP  
WILD, ERIC  
209-18TH AVE.  
INDIAN ROCKS BCH. FL**

12.5. Title

12.6. Name

12.7. Street Address

12.8. City, St., Zip

12.9. Title

12.10. Name

12.11. Street Address

12.12. City, St., Zip

12.13. Title

12.14. Name

12.15. Street Address

12.16. City, St., Zip

12.17. Title

12.18. Name

12.19. Street Address

12.20. City, St., Zip

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1. Title

13.2. Name

13.3. Street Address

13.4. City, St., Zip

13.5. Title

13.6. Name

13.7. Street Address

13.8. City, St., Zip

13.9. Title

13.10. Name

13.11. Street Address

13.12. City, St., Zip

13.13. Title

13.14. Name

13.15. Street Address

13.16. City, St., Zip

13.17. Title

13.18. Name

13.19. Street Address

13.20. City, St., Zip

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information furnished with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(2)(b), Florida Statutes. I further certify that the information is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the incorporator or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERIC WILD**

**5/1/95 (813) 484-8670**