

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G70629

(2)

1. Corporation Name

INTERSTATE PILING & FOUNDATION, INC.

Principal Place of Business

**4451 112TH TERR. NO.
CLEARWATER FL 34622
US**

Mailing Address

**4451 - 112TH TERR. N.
CLEARWATER FL 34622
US**

APPROVED
AND
FILED

95 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/11/95--01048--003
****600.00 ****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		3a. Date of Last Report	
21		11/15/1983	
22 Suite, Apt. #, etc.		3b. Date of Last Report	
23 City & State		04/28/1994	
24 Zip		25 Country	
26		27	
28		29	
30		31	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOUSER, FREDERICK L. 810 63RD AVENUE NORTH ST. PETERSBURG FL 33702		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	BENSON, WILLIAM C.	1.2 NAME	
STREET ADDRESS	2060 ASHBURY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: William C. Benson 4-26-95 813-572-8055
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR Date Daytime Phone #