

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G96276** (2)

1. Corporation Name
BENCHMARK GENERAL CONTRACTORS, INC.



Principal Place of Business
**P O BOX 08337
PO BOX 08337
FT. MYERS FL 33908**

Mailing Address
**P O BOX 08337
PO BOX 08337
FT. MYERS FL 33908**

3. Date Incorporated or Qualified **04/16/1984** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2408239** 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
10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**ANDERSON, MARK M.
16836 MCGREGOR
P O BOX 08337
FORT MYERS FL 33908**

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 607.0102 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)

(Signature of Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

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
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

☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP
☐ Change ☐ Addition
17 NAME
18 STREET ADDRESS
19 CITY, ST, ZIP
☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP
☐ Change ☐ Addition
23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP
☐ Change ☐ Addition
26 NAME
27 STREET ADDRESS
28 CITY, ST, ZIP
☐ Change ☐ Addition
29 NAME
30 STREET ADDRESS
31 CITY, ST, ZIP
☐ Change ☐ Addition

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 119.04(3)(b), Florida Statutes. I further certify that the information included 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 transferee, provided 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 attached list with an address.

SIGNATURE:

Mark M. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

Use Proper Pencil

CR2E034 (12/95)