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 # H10359

(8)

P & L CONTRACTOR, INC.

Principal	Place	of	Business

Mailing Address

6691-B 33RD STREET EAST SARASOTA FL 34243 6691-B 33RD STREET EAST SARASOTA EL 34243-4124

FILED Jan 21 1997 8:00am Secretary of State



SARASOTA FL 34243		SARASOTA FL 34243-4124						
				Date Incorporated or Qualified 07/03/1984	3a. Date of Last Report 02/13/1996			
	lace of Business	2a. Mailing Address		4. FEI Number		Ap	plied For	
21 3/10	59th Rue Cost	26		›	59-2430731			Applicable
Suite, Apt		Suite, Apt. #, etc.	M^{ϵ}	•	5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State City & State			<i>H</i> .		6. Election Campaign Financing	\$5.00 May Be		
23	Sendan Ton F. L.M.	- 28	T .		Trust Fund Contribution	Ц	Added to	
		} 1	Coun	ry	B. This corporation has liability for i Florida Statutes	ntangible Yes		199.032,
24 3 42	9. Name and Address of Current	29 t Registered Agent	[30]		10. Name and Address of New Re			
I FMI			8	1 Name			<u>Z</u>	
LEMIEUX, PAUL W. 33.2 ST JERRO OAKGROVE DR.			-	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
3325 - SARASOTA FL 34243		Ľ	82 Street Address (P.O. Box Number is Not Acceptable)					
			8	13				
			8	4 City			85 Zip (Code
					poration submits this statement for the p	FL	<u> </u>	
			TE Registered .	Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	S IN 12
12.	OFFICERS AND	DELETE	13. 1.1 DIL	F I	ADDITIONS/CHANGES TO OFFIC	ENS ANL	Change	Addition
NAME	LEMIEUX, PAUL W.	L. J. D. C. C.	1.2 NAM					
STREET ADDRESS	SOO OAK GROVE DRIVE 3	325	1.3 STR	EET ADDRESS				
CITY-ST-7IP	SARASOTA FL		1.4 CITY	-ST-ZIP				
THLE	A A A A A A A A A A A A A A A A A A A	DELETE	2.1 TITU	E			Change	Addition
NAME			2.2 NAN	1				
STREET ADDRESS				EET ADDRESS			-	
CITY - SI - ZIP		DELETE	2. 4 CH 3 1 TITL	Y-ST-ZIP			Change	Addition
NAME	> 0		3.2 NAM	-			•	
STREET ADDRESS	AMO	DATE	3 3 STR	EET ADDRESS				
C(TY-ST-ZIP	AMOUN	m	3.4. CH	Y-ST-ZIP				
TITLE	4	DELETE	4.1 TITU	E			Change	Addition
NAME			4 2 NA	ME				
STREET ADDRESS		K		EET ADDRESS				
CITY+ST-ZIP TITLE	1/1/2	DELETE	4.4 CIT	r-ST-ZIP			Change	Addition
NAME	10)	5.2 NA					
STREET ADDRESS	16/1	1		EET ADORESS				
CHY-ST-ZIP		l v		r-ST-ZIP				
TITLE		DELETE	6.1 TIT	.E			Change	Addition
NAME		1	6.2 NAI	AE				
STREET ADDRESS			6.3 STF	EET ADDRESS				
CITY-SI-ZIP			6.4 CIT	Y-ST-ZIP				

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. 13 it changed, or on an attachoral with an address.

SIGNATURE:

INTER AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 941-256-0014

Date Dayline Prove *