## 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 # H10831

(6)

BRYAN BERNTSEN CONSTRUCTION, INC.

FILED									
Mar	13	1997	8:00am						
Se	cret	tary of	f State						

Principal Place of Business Mailing Address						n yantain den isasi basat sasan sinan isas atan atan atan atan atan atan atan a							
8184 SHORELINE DR PORT ORANGE FL 32127 US			P.O. BOX 291091 DAYTONA BCH FL 32129-1091										
03			00						3. Date Incorporated or C 07/03/1984	ualified		e of Last F	eport
2. Principal Place of Business			2a. 26	2a, Mailing Address				4. FEI Number Ap			oplied For ot Applicable		
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status De	sired			Additional equired	
City & Stat	.e		21	7 Cily & Stale				6. Election Campaign Fina	ancing		· · · · · · · · · · · · · · · · · · ·	May Be	
23			28					<del></del>	Trust Fund Contribution			Added	to Fees
Zip 24	}	Country 25	29	Zıp	30	ountry			8. This corporation has lia Florida Statutes	bility for inta	angible t Yes	ax under s l No	. 199.032,
24		and Address of Curre		lered Agent	[30]	-T			10. Name and Address of New Registered Agent				
950	NTSEN, BRY					81	N	ame				•	
	I SHORELIN								in (D.O. Day M. mahasia Mat	Acceptable			
	T ORANGE					82 Street Add			ess (P.O. Box Number is Not a	Acceptable	,		
						83							
						84	С	ity	FL 85 Zip Code				
agent. La	to the provisi regi <b>ster</b> ed ag im familiar wi	ons of Sections 607.05 ent, or both, in the Stat th, and accept the obli	02 and 6 e of Florio gations of	07.1508, Florida Stati da. Such change was I, Section 607.0505, F	utes, the authoriz Torida S	above zed by tatutes	e-na / the 3.	imed corpo e corporation	oration submits this statement on's board of directors. I here	t for the pur by accept t	pose of the appo	changing i intment as	ls registered registered
SIGNATURE	Signature, typed	or printed name of registered a	gent and title	if appticable (NO	D1E Registe	ered Age	ants ទ	gnature require	ed when reinstating)		DATE		
12.		OFFICERS AI	ND DIREC	CTORS	13	3.			ADDITIONS/CHANGES	TO OFFICE			
TITLE	P		-	☐ DELETE	1.1	TITLE					ļ	Change	☐ Addition
NAME		N, BRYAN F.			1.2	2 NAME			•				
STREET ADDRESS	6184 SHO					STREET							
CITY-ST-ZIP	PORT OR	ANGE FL		DELETE		CITY-S	7 - Zu	P				Change	Addition
TITLE NAME	SOT	N TINDY D		7 Dearte		NAME					•	Onlange	L //dd///ori
STREET ADDRESS	BERNTSEN, LINDA D. RESS 6194 SHORELINE					STREET	ADD	RESS					
CITY-ST-ZIP	PORT OR	ANGE FL				4 CITY-S					.459		
TITLE				☐ DELFTE		TITLE		1				Change	Addition
NAME					32	NAME							
STREET ADDRESS					33	STREET	ADD	RESS					
CITY-ST-ZIP			. IL-2004000. W			I. CITY-S	<u> </u>	P.				7	
TITLE				DELETE		THLE						Change	Addition
NAME						2 NAME							
STREET ADDRESS						STREET							
CITY-ST-ZIP				☐ DELETE		CITY-S	1 - 71					Change	Addition
TITLE NAME						NAME							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS						STREET	AOD	BESS					
CITY-ST-ZIP						CHTY-S							
TITLE				DELETE		1 111LE						Change	Addition
NAME					6.2	2 NAME							
STREET ADDRESS					6.3	STREET	ADD	RESS					
CITY-ST-ZIP					6.4	4 CITY-S	T - ZI	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 13 if changed, or on an attachment with an address.

IONATURE BY A BY BY THON I BANTS

dix/97 (904) 767-0130