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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H19874 **DOCUMENT #**

(7)

FLORIDA CONSTRUCTION CONSULTING & MANAGEMENT CO.

, INC.									
Principal Place	of Business	Mailing Address				JUIL DAUL BABAL DIE	/// 	ł Diali dieli idei	
6645 RIDGE ROAD. SUITE ONE %ALFRED W. TORRENCE. JR. PORT RICHEY FL 34668		6645 RIDGE ROAD, SUITE ONE %ALFRED W. TORRENCE, JR. PORT RICHEY FL 3468							
					3. Date Incorporated or Qualified 08/31/1984		of Last R 4/14/19		
	Principal Place of Business 958957476 Voto 82 26 450				4. FEI Number			Applied For	
					59-2626706		4	Not Applicable	
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required		
City & State	City & State				6. Election Campaign Financing	г	\$5.00 May 50		
23] HOUSE Zip	Country Zip			Trust Fund Contribution Country B This corporation has liabili			Added to Fees		
24 3960	25 Die 29 29		30	,	B. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Curre				10. Name and Address of New		Ägent		
			81	Name				***************************************	
TORRENCE, ALFRED W. JR. 6645 RIDGE ROAD, SUITE ONE PORT BICHEY EL 24668 AGC				Street Add	ress (P.O. Box Number is Not Accept	able)			
6645 RIDGE ROAD, SUITE ONE				82 Street Address (P.O. Box Number is Not Accept					
PORT R	ICHEY FL 34668	Auc	B3						
			84	City			85 Zı	p Code	
<u>.</u>				'		FL	. 1 1 '		
or register	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such chance was author	rized by the cord	poration's boa	oration submits this statement for the pard of directors. I hereby accept the ap	opointment as	registered	agent, fam	
				legistived Agent signature required when reinstating. DATE					
12.	DP OFFICERS AN	ID DIRECTORS	13.	Ta	ADDITIONS/CHANGES TO OF			·-·· <u>-··</u> ····	
NAME	CENTELLA, THOMAS J.	DELETE	1. 1 TITLE	D		9	Change	☐ Addition	
STREET ADDRESS	4980 MARLIN DR		1.2 NAME	<u>ا</u> ح	enteua , thomas J . Jod Marun DR .				
	NEW PORT RICHEY FL			ADDRESS	ew poet richey, fl a	LULCZ			
CHY-S1-ZP Table	ST ST	™ DELETE	1,4 CITY - 1 2 1 TITLE		STD		Change	Addition	
NAM:	CENTELLA, SHARON	D. Dett it	2 2 NAME		entell, sharn A .	¥	ug Change	☐ Addition	
STREET ADDRESS	4980 MARLIN DR			ADDRESS	786 MARLIN DR				
CHY-\$1-Zift	NEW PORT RICHEY FL		24 CITY-5	ADDRESS T	BU PORT RICHEY, FL	24452			
Tille		[7] DELETE	3 1 Title	V	BU TOU MCHELL PL		Change	Addition	
NAME			32 NAME		ICK M. CENTELLA			JA 712011071	
STREET ADDRESS				TADDRESS 47	2BO CINNAMON LANE				
CITY-ST ZIP			3.4 CITY-5	ا م	ROOKGUILLE, FL 3461	4			
Title	······	DELETE	4. 1 TITLE	v			Change	Addition	
NAME			4.2 NAME	6	borge wolszon jr	_	_ '		
STREET ADDRESS			4.3 STREET	ADDRESS 6	SVA CUBITHTIHE GOV				
CHY ST-ZIP			4.4 CITY - 9		BOOKEVILLE FL			[
Hitcf		DELETE	5. 1 TITLE	1-			Change	Addition	
NAME			5.2 NAME			_	•		
STHEET ADDRESS			5 3 STREET	ADDRESS					
City - Sr - ZiP			5.4 CITY - S	ST - 21P					
TITLE		☐ DELETE	6. 1 TITLE				Change	Addilion	
NAME			6 2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

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 119.07(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.

6.4 CITY-ST-ZIP

CHY \$1 ZiP

SIGNATURE: SHARON 4. CENTELLA POES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR