SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:09

DOCUMENT # **H37644** **(2)**

1. Corporation Name
WEDGEWOOD CONTRACTORS, INC.

Principal Place of Business	Mailing Address
601 S ARMENIA AVE TAMPA FL 33609	601 S ARMENIA AVE TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1985
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 4623 N Hesperides ST	26 PO Box 320207
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa FL.	28 City & State: Tampa FL.
24 Zip: 33614 25 Country: USA	29 Zip: 33679 30 Country: USA

4. FEI Number: 59-2477683 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEYER, STEVEN W. 601 S ARMENIA AVENUE TAMPA FL 33609	81 Name: Beyer Steven W. 82 Street Address (P.O. Box Number is Not Acceptable): 4623 N. Hesperides ST 83 84 City: Tampa FL 85 Zip Code: 33614

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☐ Addition
NAME	BEYER, STEVEN W.	12 NAME	Beyer Steven W.	
STREET ADDRESS	601 S ARMENIA AVE	13 STREET ADDRESS	4623 N Hesperides ST	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa FL. 33614	
TITLE	DP	21 TITLE	DP	☐ Change ☐ Addition
NAME	ULSETH, JAMES E.	22 NAME	Ulseth James E	
STREET ADDRESS	601 S ARMENIA AVE	23 STREET ADDRESS	4623 N Hesperides ST	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa FL. 33614	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Steven W Beyer Steven W. Beyer 6/15/95 813-874-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01000121 CP