

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H40793** (2)

AWARD CONSTRUCTION OF TAMPA, INC.

Principal Place of Business: 4018 W. CAYUGA TAMPA FL 33614
Mailing Address: 4018 W. CAYUGA TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated / Qualified:	3a. Date of Last Report:
21		26		02/04/1985	04/28/1994
22		27		4. FEI Number:	Applied For:
23		28		59-2489057	Not Applicable
24		25		5. Certificate of Status Desired:	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
25		29		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes:	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MEDLOCK, R.A. 4018 W. CAYUGA TAMPA FL 33614				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 607.0207 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both of 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 Sections 607.0205, Florida Statutes.

SIGNATURE: *R.A. Medlock* (Signature) / *R.A. Medlock* (Printed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1	VSD MEDLOCK, R.A. 846 S. SHORE DRIVE LAND O'LAKES FL	13-1	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12-2	PTD HOLMES, WM. G. 14205 ASHBURN PLACE TAMPA FL	13-2	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12-3		13-3	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12-4		13-4	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12-5		13-5	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6		13-6	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7		13-7	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8		13-8	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-9		13-9	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-10		13-10	D <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information supplied with this report is voluntarily furnished and is true and correct for the exemption stated in Section 607.0207, 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 such certificate had been filed in the office of the Secretary of State. I have read the provisions of Section 607.0205, Florida Statutes, and that my name appears on this form in block 11. I have read the provisions of the agreement with an address.

SIGNATURE: *R.A. Medlock* (Signature) / *R.A. Medlock* (Printed Name)
4/27/95
813- 873-1861