**FILED** FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** Feb 18 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # H87826 (4) CONCEPT CONTRACTORS, INC. Principal Place of Business Mailing Address 920 N.E. INDUSTRIAL BLVD. 920 N.E. INDUSTRIAL BLVD. P.O. BOX 1356 P.O. BOX 1356 JENSEN BEACH FL 34957-5005 JENSEN BEACH FL 34957-5005 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1985 02/07/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0048323 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Country Zıp Country 8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes ☐ Yes ☐ No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CIOFFI, P. MICHAEL 1473 SPRUCE RIDGE DR Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 84 City 85 Zip Code 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 poard of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0565, Florida Statutes , typed or printed name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1.1(TLE CIOFFI, P. MICHAEL NAME **1.2 NAME** 1473 SPRUCE RIDGE DR STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TOTALE 21 TITLE Change Addition CIOFFI, MARGOT A. NAME 22 NAME 1473 SPRUCE RIDGE DR STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - 7IP DELETE Change Addition TITLE 4.1 TITLE NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

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 reported by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attackment with an address.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP