

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H89262 (0)

1. Corporation Name

CHIDO-VOSS CONSTRUCTION, INC.



Principal Place of Business

% ROBERT H. VOSS
212 SHADOW BAY BLVD
LONGWOOD FL 32779

Mailing Address

% ROBERT H. VOSS
212 SHADOW BAY BLVD
LONGWOOD FL 32779

3. Date Incorporated or Qualified

12/11/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 221 Shadowbay Blvd

26 221 Shadowbay Blvd

4. FEI Number

59-2611429

Applied For

Not Applicable

22 Longwood FL

27 Longwood FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 32779

28 Longwood FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 32779 Seminole

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

VOSS, ROBERT H.
218 SHADOWBAY BLVD. 219 Shadowbay Blvd
LONGWOOD FL 32779

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 607.0502 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHIDO, ANGELO P.
STREET ADDRESS 212 SHADOW BAY BLVD
CITY-ST-ZIP LONGWOOD FL

TITLE TD
NAME VOSS, ROBERT H.
STREET ADDRESS 218 SHADOWBAY BLVD.
CITY-ST-ZIP LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Chido, Angelo P.
1.3 STREET ADDRESS 221 Shadowbay Blvd
1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE T/D
2.2 NAME Voss, Robert
2.3 STREET ADDRESS 219 Shadowbay Blvd
2.4 CITY-ST-ZIP Longwood, FL 32779

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)