

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H90183 (5)
1. Corporation Name
DALLAS 1 CONSTRUCTION & DEVELOPMENT, INC.



Principal Place of Business
10328 E MAIN ST
THONOTOSASSA FL 33592
US

Mailing Address
PO BOX 290068
TEMPLE TERRACE FL 33687-0068
US

3. Date Incorporated or Qualified 12/17/1985
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2610376
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

AZZARELLI, BART JR.
6320 112TH AVENUE
TEMPLE TERRACE FL 33617

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AZZARELLI, BART JR.	
STREET ADDRESS	6320 112TH AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AZZARELLI, BRET	
STREET ADDRESS	7808 RIVERSHORE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AZZARELLI, BARTLE	
STREET ADDRESS	7810 RIVERSHORE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WITHERINGTON, JAMES	
STREET ADDRESS	826 SCENIC HEIGHTS DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AZZARELLI, JAN	
STREET ADDRESS	6320 112TH AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, BUCK	
STREET ADDRESS	656 FLAMINGO DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard D. Davis
4.3 STREET ADDRESS	3914 Briarlake Road
4.4 CITY-ST-ZIP	Valrico, FL 33594
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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

02/03/97

(813) 986-1922

CR2E034 (9/96)