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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1996

**DOCUMENT #** 

J51911

(2)

## BANDES CONSTRUCTION COMPANY, INC.

Principal Place	of Business	Mailing Address			i rabitis aint mitat ithin itter lisht	ETAT GIBIT ATOT OLDE BIR	11 01011 61611 1901	
35076 US HWY 19 NORTH PALM HARBOR FL 34684			35076 US HWY 19 NORTH PALM HARBOR FL 34684					
					3. Date Incorporated or Qualified 01/12/1987	3a. Date of Last F 02/14/19		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt. #, etc.		26					Not Applicable	
2		27	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	·		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 4	Country 25	Zip <b>29</b>	Country  8. This corporation has liability for intangible tax under s 199.  Florida Statutes Yes No		199.032,			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
			8.	Name				
BANDES, ROBERT			82 Street Ac		Idress (P.O. Box Number is Not Acceptable)			
	IUKAR RIDGE					7		
PALM H	ARBOR FL 34683		83	3				
			84	City		85 Z	ip Code	
11 Durament to	the provisions of Continue 607.05	00 and 607 4500 Fixed - 00-4		1	oration submits this statement for the purp-	FL   "	- · · · · · · · · · · · · · · · · · · ·	
tamiliar with SIGNATURE _	to agent, or both, in the State of Fig. ), and accept the obligations of, Se	ection 607.0505, Florida Statutes.	•		and strains this statement for the porpored of directors. I hereby accept the appoin	_	d agent. I am	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ent signature require	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIDECTO	DDS IN 12	
TITLE	PD	☐ DELETE	1. 1 TITLE		ASSITIONS OF PARGES TO OFFICE	Change	Addition	
NAME	BANDES, ROBERT		1.2 NAME					
STREET ADDRESS	35076 US HWY 19 N		1.3 STREE	T ADDRESS				
CITY - S! - ZIP	PALM HARBOR FL		1.4 CFTY-	ST-ZIP				
TITLE		DELETE	2. 1 TITLE			Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREE	T ADDRESS				
CITY - ST - ZIP	***************************************	ED DELETE	2 4 CITY -					
IIIITE		☐ DELFTE	3 1 TITLE			☐ Change	■ Addition	
NAME Create a aboba de			3.2 NAME					
STREET ADORESS  CITY-S1-ZIP				ET ADORESS				
TITLE		DELETE	3.4 City- 4.1 Title			Change	Addition	
NAME		<u></u>	4.2 NAME			onunge		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY -					
IHLE		☐ DELETE	5 1 TITLE			Change	Add tion	
NAME			5.2 NAME	İ				
STREET ADDRESS			5.3 STREE	i address				
DITY-ST-ZiP		Phone are	5.4 CITY -	ST-ZIP			. <u> </u>	
ITLE		☐ DELETE	6. 1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP   <b>14.</b>   do hereby	certify that the information supplier	d with this filing is voluntarily force	6.4 CITY - shed and doe		for the exemption stated in Section 119.07	7(3)/b) Etorido Ctat	too I further	
certify that to oath; that I	the information Indicated on this an	nual report or supplemental annu poration or the receiver or trustee	ial report is tr empowered	ue and accura	ate and that my signature shall have the sa is report as required by Chapter 607, Flori	anno logal offert ac i	if made under	

**SIGNATURE:** 

4/15/96 (813) 789-5223