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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

35076 US HWY 19 NORTH

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 11 1997 8:00am

Secretary of State

(813) 733-5558

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J51911

(2)

35076 US HWY 18 NORTH

Mailing Address

BANDES CONSTRUCTION COMPANY, INC.

PALM MANBON FL 34084					PALM HARBUR FL 34884-1825								
										3. Date Incorporated or Qualified 01/12/1987		ate of Last R 18/1996	Report
	Principal Place of Business				2a. Mailing Address					4. FEI Number		A	oplied For
					26 1368 SPALDING I					59-2817684		·····	ot Applicable
Suite, Apt #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional
22 SUITE C					27 SUITE C								equired
City & State				City & State						6. Election Campaign Financing	ll		May Be
	EDIN, FL				28 DUNEDIN, FL			<del></del>		Trust Fund Contribution			to Fees
Zip	Country									8. This corporation has liability for in	ntangible Yes [		. 199.032,
24 346		25 and Address		29 Regis	34698 stered Agent	30	UES	<u> </u>		Florida Statutes  10. Name and Address of New Reg			
RAN	DES, ROB				to the sign of		B1	Name	e	IVI ITMINE WITH FIRM THE WEST TOWN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Pour	
	•						82		-				
1529 CHUKAR RIDGE PALM HARBOR FL 34683								Stree	t Addre	ss (P.O. Box Number is Not Acceptab	le)		
1 Aun	יטטוזאו וו	1 [ L 37000					B3		<del></del>				
							84	City			FL	85 Zip	Code
11. Pursuant t	In the provis	sions of Section	is 607 0502 a	and 6	S07 1508 Florida Stat	utes t	the abov	e-name	d corpo	oration submits this statement for the p		changing i	ts registered
office or re	egistered aç	gent, or both, ir	n the State of	Florid	ida. Such change was	s auth	orized by	y the co	xporatio	on's board of directors. I hereby accep	t the app	ointment as	registered
-	m familiar w	ith, and accept	t the obligation	ins o	of, Section <b>6</b> 07. <b>050</b> 5, F	Florida	i Statuter	<b>S</b> .					
SIGNATURE:	Stanature, type:	d or printed hame of	registered agent a	and tile	e diamplicable (N	OTE Re	nistered Ao	ent signatu	e required	d when reinstating)	DATE		<del></del>
12.	officers		CERS AND D			<u> </u>	13.	119 200	10.104-1-	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD				DELETE		1.1 TITLE		PI			Change	Addition
NAME	BANDES	, robert				Ì	1.2 NAME			ANDES, ROBERT			
STREET ADDRESS		S HWY 19 N					1.3 STREET			368 SPALDING RD S	ተተጥም	C	
CITY-ST-ZIP		ARBOR FL				Ì	1.4 CITY-S			UNEDIN. FL 34698			
TITLE					DELETE		2.1 TATLE			M. 43 M M M M M M M M M M M M M M M M M M		Change	Addition
NAME						Ì	2.2 NAME			·			
STREET ADDRESS						Ì	2.3 STAEET	ADDRESS	;				
CITY-ST-ZIP						Ì	2. 4 CITY-1						
TITLE					☐ DELETE		3.1 TITLE		1			Change	Addition
NAME						Ì	3.2 NAME			•			
STREET ADDRESS						Ì	3.3 STREET	ADDRESS	;				
CITY - ST - ZIP						Ì	3.4. CITY-:						
101LE					DELETE		4.1 TOTLE	21 m.				Change	Addition
NAME						Ì	4. 2 NAME					_	
STREET ADDRESS						Ì	4.3 STREET	ADDRESS	;				
CITY-ST-ZIP						Ì	4.4 CITY-S	57 - ZIP					
TITLE					DELETE	一	5.1 TITLE					Change	Addition
NAME						Ì	5.2 NAME						
STREET ADDRESS						Ì	5.3 STREET	ADDRESS	<u>,  </u>				•
CITY-ST-ZIP							5.4 CITY - S						
TITLE					DELETE		6.1 TrTLE	<u> </u>	1	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME							6.2 NAME						
STREET ADDRESS						Ì	6.3 STREET	ADDRESS	;			,	,
CITY-ST-ZIP						Ì	6.4 CITY-S						
14. I do hereb	by certify the	at the information	on supplied w	vith tr	his filing does not que	alify fo	r the exe	mption	stated	in Section 119.07(3)(i), Florida Statutes	s. I furthe	r certify that	the
l am an of	fficer or dire	ctor of the core	peration or the	T-100	nental annual report is neiver or trustee empo attachment with an ac	owered	d to exec	urate an cute this	nd that n report	my signature shall have the same lega as required by Chapter 607, Florida S	l effect as tatules; a	if made un nd that my i	ider oath; that name