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 J75679 **DOCUMENT #**

(7)

FLORIDA WEST CONSTRUCTION, INC.

Principal Place of Business		Mailing Address				
	17350 Jean Street Ft Myers FL 33912	17350 JEAN STREET FT MYERS FL 33912				
				3. Date incorporated or Qualified 04/01/1987 04	of Last Report 1/27/1995	
2. 21	Principal Place of Business	2a. Mailing Address		4. FEI Number 59-2797260	Applied For Not Applicable	
	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired 🌋 🕷	\$8.75 Additional Fee Required	
22	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	Z _P 1 Country		ountry	8. This corporation has liability for intangible to Florida Statutes Yes \(\sigma\) No		
24	g. Name and Address of Cur	1		10. Name and Address of New Registered	Agent	
NUMEZ PRIOR A			81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
	FT MYERS FL 33912		83		es Zin Codo	

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 furnisher with, and accept the obligations of, Section 607,0505, Florida Statutes.

Standard special production and displaced agent and the displaced by the standard special points. OFFICE RS AND DIRECTORS			TE: Rogistered Agent a gnature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
z. 11.;	P0	DELETÉ	1. 1 TITLE	☐ Change	Addition	
·	NUNEZ, BRUCE A.		1.2 NAME			
ELADORESS	17350 JEAN STREET		13 STHEET ADDRESS			
\$1.70	FT. MYERS FL		1.4 CITY - ST-ZIP		-	
51 211		DELETE	2 1 TITLE	☐ Change	Additio	
			2 2 NAME			
LLADDRESS			2 3 STREET ADDRESS			
-S1-ZIP			2.4 CITY - ST-ZIP	F1.0	P** A data:	
		☐ DELETE	3 1 TITLE	☐ Change	Mdditio	
			3 2 NAME			
ELADORESS			3.3 STREFT ADDRESS			
\$1 - 201			34 CITY - ST - ZIP	Channa	☐ Addition	
		DEL FTE	4 1 TITLE	Change	L] Additi	
:			4.2 NAME			
+1 ADDMESS			4.3 STREET ADDRESS			
\$1 - 20°			4.4 CITY-ST-ZIP	☐ Change	☐ Additi	
f		☐ DELETE	, 5 ! TITLE	☐ Criange	[] Addin	
4			5.2 NAME			
11 ADD016 55			5.3 STREET ADDRESS			
- 51 - 70°			5 4 CITY-ST-ZIP	Change	☐ Addit	
		DELETE	6 1 TITLE	Change		
' }			62 NAME			
€ 1 ADDR: SS			63 STREET ADDRESS			
			64 CITY - ST - ZIP			

14. I do hereby certly that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutos. 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 certly 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 Black 12 or Black 13 if chanced, or on an attachment with an address.

SIGNATURE:

Bruce A. Nunez 1/26/96