FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:08

DOCUMENT # J75797 (7)

1. Corporation Name
PRO CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
C/O LINDA O'BRIEN 7930 BAY POINT DR. STE. B-20 TAMPA FL 33615 US	C/O LINDA O'BRIEN 7930 BAY POINT DR. STE. B-20 TAMPA FL 33615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1987
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 272146	26 P.O. Box 272146
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL	28 City & State: TAMPA FL
24 Zip: 33688 25 Country: USA	29 Zip: 33688 30 Country: USA

4. FEI Number: 59-2828914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'BRIEN, LINDA ZURO
7930 BAY POINTE DR.
STE. B-20
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 11915 NICKLAUS CIRCLE
83
84 City: TAMPA FL 85 Zip Code: 33624

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: Linda Zuro O'Brien (Signature of new or revised agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	11915 NICKLAUS CIRCLE	☒ Change ☐ Addition
NAME	O'BRIEN, LINDA ZURO	12 NAME	TAMPA FL 33624	
STREET ADDRESS	7930 BAY POINTE DR., STE. B-20	13 STREET ADDRESS	P.O. Box 272146	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL 33688	
TITLE	DVS	21 TITLE	11915 NICKLAUS CIRCLE	☒ Change ☐ Addition
NAME	FORINO, DONALD J.	22 NAME	TAMPA FL 33624	
STREET ADDRESS	7930 BAY POINTE DR., STE. B-20	23 STREET ADDRESS	P.O. Box 272146	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33688	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	RETURNED BY MAY 1	
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Linda Zuro O'Brien (Signature and type or printed name of signing officer or director) 4-24-95 (Date) (813)960-3768 (Daytime Phone)
LINDA ZURO O'BRIEN

0207632 CP