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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUM	MENT # K149	927	(3)							
 Corporation f 	Name		, ,							
MELBO	DURNE CONTRACTING	COMPANY,	INC.							
Principal Place of	of Business	Mailing	Address				1 (15 (10) 10 (10)	HERIO ALBAN ADDI ENDIN D		jki giç il gi a il iggi
% BRUCE A. MITCHELL. ESO. 1825 S. RIVERVIEW DR			% BRUCE A. MITCHELL. ESO. 1825 S. RIVERVIEW DR							
MELBOURNE	E FL 32901	ME	LBOURNE FL 32901				Date Incorporated or Qua 02/15/1988		of Last R 04/07/1	•
2. Principal Plac	ce of Business	2a. Ma 26	iling Address				4. FEI Number 59-2880982			Applied For Not Applicable
Suite, Apt. #	, etc.		ite, Apt. #, etc.				5. Certificate of Status Desir	red 🔲	,	5 Additional Required
City & State			y & State				Election Campaign Finan- Trust Fund Contribution	cing		00 May Be
Zip	Country	Ziç)		intry	<u>, ,</u>	8. This corporation has liabi	ity for intangible to		
24	25 g. Name and Address of Cu	rrent Registere	od Agent	30	Ι		10. Name and Address of	-	Agent	
	<u> </u>				81	Name	JAMES 121	GIN MAN		
MITCHELL, BRUCE A.					82	Street Addres	ss (P.O. Box Number is Not Ac		DR.	
1825 S. RIVERVIEW DR MELBOURNE FL 32901					83		1826 S. C	104000		
MELOU	ONINE PL 32901				84	City	1.0.1 A		85 Z	ip Code
	10.007	2500 1 007 11	OO Florido Statuto	o the sh		N pornorat	Nechbour we	FL the number of ch	anoing its	7290\ registered office
or registere	o the provisions of Sections 607.0 ed ligent, or both, in the State of h, and accept the obligations of	Fiblida, Such ch	ange was authorize	of by the	corpo	oration's board	of directors. I hereby accept t	he appointment a	registere	d agent. I am
	n, and accept the obligations of	S93.1011 007.1030	o, i onda otaldios.	•				417	23/9	طا
SIGNATURE	Signatul, diped of printed name of registered				d Ag oni	t signature required v	when reinstating) ADDITIONS/CHANGES 1	DATE	DIRECTO	ORS IN 12
12. 1016	OFFICERS DPS	AND DIRECTO	HS DELETE	13.	TITLE	1	ADDITIONS/CHANGES I		☐ Chan(je	
NAME	CARPANETO, GARY E.				IAME					
STREET ADDRESS	6767 N. WICKHAM ROA	D, Suite 400	1	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MELBOURNE FL			1.4 (ITY-S	T-ZIP			=	
TITLE			☐ DELETE		TITLE				☐ Change	Addition
NAME					IAME					
STREET AUDRESS					STREET STY-S	ADDRESS				
CITY - ST - ZIP			DELETE		TITLE	1 - Zir			Change	Addition
NAME	,		_	321	NAME					
STREET ADDRESS				3.3.	STREET	ADDRESS				
CITY-ST-ZIP				3.4 (CITY-S	1 - ZIP				
TITLE			☐ DELETE	4. 1	TITLE				Change	: Addition
NAME					MAME					
STREET ADDRESS				•	-	ADDRESS				
CITY-ST-ZIP			DELETE		DITY-S	ST-21P			Change	Addition
TITLE					TITLE					
NAME .						ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-S					
THE			DELETE		TITLE				☐ Change	Addition
NAME				6.2	NAME					
STREET ADDRESS				6.3	STREET	ADDRESS				
CITY OF TIP				64	CITY-S	ST-ZIP				
14. I do hereb	by certify that the information supp t the information indipated on this	olied with this filli	ng is voluntarily furn r supplemental ann	ished and ual report	d doe : is tru	is not qualify foue and accurat	or the exemption stated in Sect e and that my signature shall h	ion 119.07(3)(k), F lave the same legi	iorida Stati al effect ias	utes. I further if made under
oath; that appears in	t the information indicated on this I am an officer or dipattor of the on Block 12 or Block 13 if changed	corporation or the	e receiver or truste hment with an addr	e empow ess.	ered	to execute this	report as required by Chapter	607, Florida Stati	ιτes; and t	nat my name

SIGNATURE:

PUS. CALY CALPANETO PANTEO NAME OF SIGNING OFFICER OR DIRECTOR

407-255-0266

Daytime Phone #