## 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 # K19592

(0)

1. Corporation Name

CONSTRUCTION ASSURANCE GROUP, INC.

Principal Place of	ipal Place of Business Mailing Address								
2908-A BAY TO BAY BLVD.  TAMPA FL 33629  2908-A BAY TO BAY BLVD.  TAMPA FL 33629									
						<ol> <li>Date Incorporated or Qualified</li> <li>03/30/1988</li> </ol>		te of Last Rep <b>)4/25/199</b>	5
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number 59-2947774		L	pplied For lot Applicable
21		26							Additional
Suite, Apt. #,	etc.	Suite Apt #, etc				5. Certificate of Status Desired			Required
22		City & State	City & State			6. Election Campaign Financing		\$5.00	) May Be
City & State		28				Trust Fund Contribution	<u> </u>		to Fees
<b>Z</b> ip	Country	7-p	Count	ry		8. This corporation has liability for	intangible	tax under s	199.032,
24	25	29	30			1.6.164.6.4	□ No		
<del></del>	9. Name and Address of Cur	rent Registered Agent	<u>-</u>	-:-		10. Name and Address of New F	egistere	u Agent	
			8	31	Name				
SANDIGE, ROBERT SETH			[8	32	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	A ROSA AVENUE		-	83					
TAMPA FL 33611						85 Zip Code			- Carlo
			<b>[</b> 1	B4	City		F	85 Zip	) Code
12.	Signature, typed or printed name of registerior OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS A	ND DIRECTO	DRS IN 12 Addition
TITLE	PD	[] DELETE		1 1 TIFLE 12 NAME					
NAME	SANDIGE, ROBERT SETH	<b>.</b>			ADDRESS				1
STREET ADDRESS	3125 VILLA ROSA AVENU	<b>E</b>	1.4 CI		I .				334
CITY-ST-ZIP	TAMPA FL	DELETE	2 1 1 1					Change	no-tibbA 🔲
TITLE		L L	2.2 NA	ME					
NAME STREET ADDRESS			23 ST	REFT	ADORESS				
CITY-S1-ZIP			2.4.011	[Y - S	1 - 21F			CT Change	Addition
TIFLE		DELETE	3 1 7	3 1 TITLE				Change	Montion
NAME			3 2 NA						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		FIRE	3 4 01		4 - ZiP			Change	Addition
TITLE		☐ DELETE	4 1 Ti						
NAME					ADORESS				
STREET ADDRESS			4		ST - ZIP				
CITY - ST - ZIP		☐ DELETE	5 1 1					Change	Addition
TITLE		<u></u>	52 N						
NAME			53S	TREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP					S1 - Z P				
TITLE		☐ DELETE	6 1 T	IITLE				Change	: Addition

14. If do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further certify that the information indicated on this arrusal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the collustration or the receiver or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

417/96

837-1529

A CONCOLUDAN COMO TERM DECONOCIONO CONTRACTOR DI DICITA DI BARA DI BARA BARANTA BARANTA DE CARRANTA DE CARRANTA

;R2E034 (12/95)