

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K34558

1. Entity Name
BOB CANNON CONTRACTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90033 008 ***150.00

Principal Place of Business 13496 CORONADO DRIVE LARGO FL 33774 US	Mailing Address 13496 CORONADO DRIVE LARGO FL 33774-4607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2201 CURTIS DR S Suite, Apt. #, etc.	3. Mailing Address 2201 CURTIS DR S Suite, Apt. #, etc.
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City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33764	Zip 33764

4. FEI Number 59-2922628	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CANNON,(BOB) CHARLES
13496 CORONADO DRIVE
LARGO FL 33774**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2201 CURTIS DR S
City
CLEARWATER FL Zip Code
33764

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CANNON, CHARLES (BOB) 13496 CORONADO DRIVE LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ZIEGLER, MARY C 13496 CORONADO DR. LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 CURTIS DR S CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 CURTIS DR S CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary C Ziegler **MARY C ZIEGLER** **4-19-00** **(727) 519-0485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)