

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 AUG 29 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04140 (4)

1. Corporation Name

TRIMBLE CONTRACTING, INC.



Principal Place of Business

Mailing Address

4974 NW FOXWORTH AVE
PORT ST LUCIE FL 34983
US

4974 NW FOXWORTH AVE
PORT CT LUCIE FL 34983
US

3. Date Incorporated or Qualified
07/25/1989

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
65-0136179

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. 199.03?
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, SCOTT
1155 U.S. HIGHWAY ONE, SUITE 205
JUNO BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of person or persons who are registered agent or officers of applicable

(NOTE: Registered Agent signature required when re-registering)

SCOTT KRAMER

8/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

TRIMBLE, PHILIP R.

STREET ADDRESS

4974 NW FOXWORTH AVE

CITY - ST - ZIP

PORT ST. LUCIE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

NAME

STREET ADDRESS

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PHILIP R. TRIMBLE

8/26/96

581-871-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Examine Printed #

CR2E034 (3/96)