FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14267

(3)

INGERSOLL CONSTRUCTION, INC.

FILED Feb 13 1997 8:00am Secretary of State

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						{			
Principal Plac	e of Business	Mailing Address				I SETITALI DEI LIEU BISIN STATE ALIIG ISI	(MIC MING MINIS	41811 (44)
% JAMES G. I		% JAMES G. INGERSOLL							
11240 N.W. 26 PLANTATION F		11240 N.W. 26TH STREET PLANTATION FL 33323-180	7			·			
PLANTAHORI	£ 500£0		•			3. Date Incorporated or Qualified 09/08/1989		te of Last F 13/1996	Report
2. Principa! F	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0145561		N	ot Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.		•		5. Certificate of Status Desired			Additional equired
City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Coul	ntry		8. This corporation has liability fo	rintangible	tax under i	s. 199.032,
24	25	29	30				Yes [
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered /	igent	
ING	ersoll, James G.		- 1	B1	Name				
	40 N.W. 26TH STREET		}	82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
PLA	NTATION FL 33323		ļ						
				83					
			<u> </u>	84	City		FI	85 Zip	Code
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	e the ah	L	named corn	poration submits this statement for the		changing	its registered
agent. La	m familiar with, and accept the oblig					oration submits this statement for the ion's board of directors. I hereby accided when reinstating)	DATE		
12.		ND DIRECTORS	13.	. ∧¥eii	ir eigratura radom	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	DP	DELETE	1,1 TiT	LE	···	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	02770 - 1170	Change	Addition
NAME	INGERSOLL, JAMES G.	_ ···	1.2 NA					_ ·	_
STREET ADORESS	11240 NW 26TH STREET		1.3 \$10	REET A	ADDRESS				
CITY-ST-ZIP	PLANTATION FL		1.4 CI	Y-\$T-	- ZIP				
TITLE		☐ DELETE	2.1 TIT		<u> </u>			Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET A	ADDRESS				
CHY-ST-ZIP			2. 4 CI	TY-ST	r-zip				
FITLE		☐ DELETE	3.1 TiT	LE		,		☐ Change	Addition
NAME			3.2 NA	ME		,			
STREET ADDRESS			3.3 \$1	REET A	ADDRESS				
CITY - S1 - ZIP			3.4. CI		r-zip		, 		
TITLE		☐ DELETE	4.1 1)1		.			Change	Addition
NAME			4 2 N/		İ				
STREET ADDRESS			4.3 ST	AEET A	ADDRESS				
CITY-S1-7IP		T brieve	4.4 CIT		- ZIP			T 05.422	[**] 1447°
TITLE		DELETE	5.1 11		}			Change	Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CIT		- ZIP		 	Change	☐ Addition
TITLE		☐ Utitit	6.1 [1]					□ Change	
NAME			62 NA						
STREET ADDRESS					AODRESS				
CITY - ST - ZIP	1		6.4 CI1	Y-\$1	-ZIP				

14. I do 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 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 receiper 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 the report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.5.77

954-414-72.64

Fhone #