

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

DOCUMENT # L36299

(0)

1. Corporation Name

ZBD CONSTRUCTORS, INC.



Principal Place of Business

405 NORTH REO STREET
P. O. BOX 31718
TAMPA FL 33609

Mailing Address

P.O. BOX 31718
TAMPA FL 33631

3. Date Incorporated or Qualified
12/14/1989

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

21 405 N. Reo Street

22 Suite, Apt. #, etc.

23 City & State

Tampa, Florida

24 Zip
33609

25 Country
USA

2a. Mailing Address

26 405 N. Reo Street

27 Suite, Apt. #, etc.

28 City & State

Tampa, Florida

29 Zip
33609

30 Country
USA

4. FEI Number

59-2981182

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, typed or printed name, of registered agent and title, if applicable)

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	HENNING, HERBERT	
STREET ADDRESS	405 NORTH REO STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	SCHLUTER, ANDREAS S	
STREET ADDRESS	DEUTSCHE BABCOCK AG	
CITY - ST - ZIP	DUISBURGER STR 375 GE	
TITLE	D	☒ DELETE
NAME	KRAMER, LUDGER	
STREET ADDRESS	DEUTSCHE BABCOCK TECHNOLOGIE P O BOX 15040	
CITY - ST - ZIP	WORCESTER MA	
TITLE	D	☒ DELETE
NAME	WOLFGANG, KOCH H	
STREET ADDRESS	DEUTSCHE BABCOCK AGA	
CITY - ST - ZIP	MEERBUSCH GE	
TITLE	PD	☒ DELETE
NAME	EUNSON, JACK T	
STREET ADDRESS	1002 HARBOUR ISLAND BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	BOCHICCHIO, VICTOR	
1.3 STREET ADDRESS	405 North Reo Street	
1.4 CITY - ST - ZIP	Tampa, Florida 33609	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	BRANTL, JAMES	
2.3 STREET ADDRESS	Deutsche Babcock Technologies	
2.4 CITY - ST - ZIP	5 Neponset St., Worcester, MA 01615	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	SCHMOLCK, BURKHARD DR.	
3.3 STREET ADDRESS	Deutsche Babcock Tech., 5 Neponset St.	
3.4 CITY - ST - ZIP	Worcester, MA 01615	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	KOSTEN, HANS	
4.3 STREET ADDRESS	405 North Reo Street	
4.4 CITY - ST - ZIP	Tampa, Florida 33609	
5.1 TITLE	S	☒ Change ☐ Addition
5.2 NAME	LATVIS, NANCY	
5.3 STREET ADDRESS	405 North Reo Street	
5.4 CITY - ST - ZIP	Tampa, Florida 33609	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy B. Latvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy B. Latvis, Secretary

4/29/96
Date

(813) 289-1520

Daytime Phone #

CR2E034 (12/95)