

**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

**DOCUMENT # L47318 (5)**

1. Corporation Name

**CONSTRUCTION CONNECTION COMPANY**



Principal Place of Business

**9915 Tamarine Trail N.  
Ste #2  
881-103 AVE N #3  
NAPLES FL 33963  
US**

Mailing Address

**9915 Tamarine Trail N.  
Ste #2  
881-103 AVE N #3  
NAPLES FL 33963  
US**

3. Date Incorporated or Qualified

**01/29/1990**

3a. Date of Last Report

**03/01/1995**

4. FEI Number

**65-0177843**

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**WANDERON, THOMAS, JR.**

**881-103RD AVE NO**

**STE 3**

**NAPLES FL 33953**

**9915 Tamarine Trail N.  
Ste #2**

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 in name of registered agent and then approved

(NOTE: Registered Agent signature required when effecting change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME **DP**  
 STREET ADDRESS **WANDERON, THOMAS, JR.**  
 CITY-STATE-ZIP **5530 PALMETTO ST.  
FT. MYERS BEACH FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-STATE-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:

**THOMAS WANDERON JR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (3/96)