FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L53319 **DOCUMENT #**

(4)

CE COI	NSTRUCTION, INC.								
Principal Place * DAVID L. N		Mailing Address % DAVID L. NEDERV	'FLD						
5301 GREAT	DAK DRIVE	5301 GREAT OAK DE							
lakeland fl	33801	LAKELAND FL 33801	LAKELANU FL 35901			3. Date Incorporated or Qualified 3a. Date of La 02/22/1990 05/01/			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 59-3007562	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5	.00 May Be
Zip 24	Country 25	Zip	30	untry	,	8. This corporation has liability for	intangible ta		
=-1	g. Name and Address of Cu		1221	7		10. Name and Address of New F		igent	
81					Name			<u> </u>	
NEDERVELD, DAVID L.						(O.O. Day N. Jasharia Nat Assaulat			
	EAT OAK DRIVE		82 Street Addr		ress (P.O. Box Number is Not Acceptat	ле;			
	LAKELAND FL 33801								
				L.					
				84	City		FL	85	Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of f h, and accept the obligations of, 9	9502 and 607.1508, Florida Stat Florida: Such change was autho Section 607.0505, Florida Statul	tutes, the ab orized by the tes.	corp	named corpo oration's boa	ration submits this statement for the purid of directors. I hereby accept the app		nging i registe	ts registered office red agent. I am
SIGNATURE .	Signature, typed or printed name of registered	social and title if similarities	(NCITE: Etonictore	iii.	ot pianatura rum iro	oc when reinstating)	DATE		
7				io rigini	it significant require	ADDITIONS/CHANGES TO OFF		DIREC	CTORS IN 12
TITLE				1. 1 THTLE		7.50.175.155.074.116.25 1.5 0.11		Chan	
NAME	NEDERVELD, DAVID L.		1.2	NAME					
STREET ADDRESS	5301 GREAT OAK DRIVE		1.3	1.3 STREET ADDRESS					
CITY-ST-ZIP	LAKELAND FL	AKELAND FL		1.4 CITY-ST-ZIP					
TITLE		DELETE	2.1	TITLE] Chan	ge 🔲 Addition
NAME			22	NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP			24	CITY-S	ST - ZIP				
TITLE	DELETE 3.		3. 1 TITLE			Ľ.] Chan	ge Addition	
NAME			3 2	NAME					
STREET ADDRESS			33	STREE	1 ADDRESS				
CITY-ST-ZIP			34	CITY-S	ST - ZIP				
TITLE		☐ DELETE	4 1	TITLE		7000018:	2036	1 CIST	ge 🔲 Addition
NAME			42	NAME		-05/14/96010	063Ö1	5	

64 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 in granges for on an attachment with an address.

5 1 TITLE

52 NAME

6 1 TITLE

62 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - SY - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

TITLE NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

04/30/96 941.687-4309

☐ Change

Change

☐ Addition

☐ Addition

***200.00