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

Principal Place of Business TRANEX CONTRACTORS INC. Principal Place of Business Mailing Address 12729 CARTE DRIVE TAMPA FL 33618-3211 TAMPA FL 33618-3211							
IAMPA PL 3361	10-3211	IAMPA PL 33016-3211			3. Date incorporated or Qualified	3a. Date of La	st Report
					02/26/1990	06/24/198	
2. Principal Pi 21	ace of Business	2a. Mailing Address			4. FEI Number 59-2994495		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27			·		5. Certificate of Status Desired		75 Additional e Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be
Zip 24	Country 25	Zip	Country		8. This corporation has liability for in	tangible tax unc	
¥4	9. Name and Address of Curren	1 Registered Agent	30		Florida Statutes 10. Name and Address of New Reg		
11. Pursuant toffice or re	9 CARTE DRIVE PA FL 33618-3211 To the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607,1508, Florida Statu of Florida, Such change was	82 83 84 Ites, the above authorized by	City -named corp	ess (P.O. Box Number is Not Acceptable oration submits this statement for the proor's board of directors. I hereby accep	FL 85	Zip Code ng its registered it as registered
SIGNATURE	m familiar with, and accept the obliga		lorida Statutes.		ed the accion tipe	DATE	
12.	Signature, typed or printed name of registered agent and little if applicable (NOTE OFFICERS AND DIRECTORS			a signature require	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERHUNE, JACK 12729 CARTE DRIVE TAMPA FL 33618-3211	DELETE	1.1 THLE 1.2 NAME 1.3 STREET / 1.4 CHY-ST			Cha	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUKBAN, RAYMOND 811 GARFISH AVENUE NEW SYMRNA BEACH FL 3210	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-S	ADDRESS		. Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DETEJE	3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST	ADDRESS		Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS		DELFTE	4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY - ST	ADDRESS		☐ Cha	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.1 THILE 5.2 NAME 5.3 STREET	ADDRESS		☐ Cha	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.4 CITY-ST 6.1 TITLE 6.2 NAME 6.3 STREET A	ADDRESS		Cha	nge 🔲 Addition

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 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.

STATES OF THE PROPERTY.

1/1-10- 813-248-680

FILED

Apr 24 1997 8:00am

Secretary of State