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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1997 8:00am

Secretary of State

407-290-3192

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57023

(8)

SIMCON CONSTRUCTION, INC.

Principal Plac 3038 JOHN YO SUITE 27 ORLANDO FL 3 US	UNG PKWG	SUITE 27 ORLANDO FL 32804-4120	3038 JOHN YOUNG PKWY SUITE 27				3. Date Incorporated or Qualified 3a. Date of Last Report				
03		•			03/09/1990	1	/02/1996	фон			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			oplied For	
21	. N	26					59-2997859			ot Applicable	
Suite, Apt . □⊒t	#, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
City & State	P.	City & State	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zφ	Country	Zip	Cox	untry			8. This corporation has liability for				
24	25	29	30					Yes		, 100.000,	
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Re	gistered	Agent		
SMITH, JASON				81	Name	€					
	10 N O'BRIEN ROAD					t Addre	fress (P.O. Box Number is Not Acceptable)				
HOV	VEY IN THE HILLS FL 34737			83					 	V-140-100-100-100-100-100-100-100-100-100	
				84	City			FL	85 Zip	Code	
agent i a SIGNATURE	rn familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Sta	tutes	i. 		ration submits this statement for the pin's board of directors. I hereby acceptions to the property of the pro	DATE			
12.	OFFICERS AN	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTOR	IS IN 12	
TITLE	P	DELETE	1.1 T						Change	Addition	
NAME	SMITH, JASON		1.2 N								
STREET ADDRESS	22140 N O'BRIEN ROAD				ADDRESS	'					
DITE TOTAL	HOWEY IN THE HILLS FL V	DELETE	1.4 C 2.1 Ti	ITY-\$	T-ZIP	 			Change	Addition	
NAME	SMITH, DEBBIE		2.1 N						CIMINGE	L.J Addition	
SIREET ADDRESS	22140 N O'BRIEN ROAD				ADDRESS						
City-St-7IP	HOWEY IN THE HILLS FL			2. 4 CITY - ST - ZIP			∳ }				
11f4E		DELETE	3.1 1	TLE					Change	Addition	
NAME			3.2 N	AME							
STREET ADDRESS			3.3 S	TREET	ADDRESS	,					
CITY ST 200		Louest	_	ITY-S	T-ZIP						
TITLE S		☐ DELETE	4.1 TI						Change	Addition	
NAME STREET ADDRESS			4.21		ADDRESS	.					
CITY-S1-ZIP			4	IKEEI ITY-\$1			3				
717LF	*	☐ DELETE	5.1 TI		1 - ZIP				Change	Addition	
NAME			5.2 N			1			= *		
STREET ADDRESS			5.3 S	TREET	ADDRESS						
CITY+ST-ZIP		TETRA CALIFORNIA CONTRACTOR CONTR	5.4 C	TY-SI	I - ZIP						
TITLE		DELETE	6.1 TI	TLE					Change	Addition	
NAME			62H	1							
STREET ADDRESS			/	1	ADDRESS						
14 Lab boret	w cortilu to at the information		6.4 C	TY-ST	- ZIP	1	- Castian 410 07/09/3 Fig. 14- Cr	. 1.6 -41		11.	
ram ano:	by certify that the mornator supplies in indicated on this annual report or fficer or director of the forporation on Block 12 or Block 13 if changed, or	ir mie regenver og trugnen engody	verent to a	axeci	rate an ute this	d that n	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	s. i iurthe l effect a tatules; a	s if made und and that my r	ine der oath; that name	