## 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

DOCUMENT # L65654

(0)

A. C. CONSTRUCTION, INC.

**FILED** 

May 28 1997 8:00am

Secretary of State

Ma	ilina	Add	rece

MANDREA CASTELLANO 2319 WEST COLUMBUS DRIVE TAMPA FL 33607

SIGNATURE:

Principal Place of Business

MANDREA CASTELLANO 2319 WEST COLUMBUS DRIVE TAMPA FL 33607-1641

				3. Date incorporated or Qualified 04/13/1990	3a. Date of Last Report 07/18/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3007644	Not Applicable	
Suite Apt. 4 22 412	I'W. North A.S	St. 27 4 2 W.	North A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<b>7</b> ∫	6. Election Campaign Financing	\$5.00 May Be	
23 (4)	MPA LC	28 Tranget	1-1-	Trust Fund Contribution	Added to Fees	
Country Country Zip Country 30 Country 29 38 8. This corporation has liability for intengible tax under s. 199.032.						
24 2000	9. Name and Address of Curr		0 MINSTON	Florida Statutes  10. Name and Address of New Re		
			81 Name	· · · · · · · · · · · · · · · · · · ·		
2319 W COLUMBUS DR			100 00000	20 Control Advant (D.C. Don 1) and an included a control in 1)		
TAMPA FL 33607			82 Street Address (P.O. Box Number is Not Acceptable)			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			83			
84 00			<b>3</b>	as Zin Code		
			J.	Ampa	FL   33%09	
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 a		Registered Agent signature /		DATE	
12. Title	D OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition	
	CASTELLANO, ANDREA		1.2 NAME		Pa cyanida Pi vacinon	
NAME Davides Appropries	2319 W COLUMBUS DR		1.2 NAME 1.3 STREET ADDRESS	4121 W. North	A St	
STREET ADDRESS	TAMPA FL			4121 W. North TAMPA FL 33	31.09	
CITY-ST-7iP	IAMIA I L	☐ DELETE	1.4 CiTY-ST-ZIP 2.1 TiTLE	THING HI I C 33	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-SI-ZIP			2 4 City-St-Zip			
T-TLE		☐ DELETE	31 TITLE		. Change Addition	
NAME			3.2 NAME		_	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	41 TITLE		Change Addition	
NAME			4. 2 NAME	•		
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4.4 CiTY-ST-ZIP			
Title		☐ DELETE	5.1 TATLE		☐ Change ☐ Addition	
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
TOTALE		☐ DELETE	61 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADORESS			63 STREET ADDRESS			
C(TY-S1-Z)F			6.4 CiTY-ST-ZIP			
14. 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 five 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 employeered 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 address.						