

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

RECEIVED MAY 10 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L82190**

(4)

1. Corporation Name

FLORCAN ERECTORS, INC.

Principal Place of Business

**1002 BALLINGER DRIVE
LUTZ FL 33549**

Mailing Address

**1002 BALLINGER DRIVE
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

03/31/1994

4. FEI Number

59-2934860

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 § 199.001,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**RODRIGUEZ, ANTHONY R.
1002 BALLINGER DRIVE
LUTZ FL 33549**

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 607.0501 and 607.1508, Florida Statutes, the above named corporation submits the 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 of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

**P
RODRIGUEZ, ANTHONY R.
1002 BALLINGER RD
LUTZ FL**

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

**VPT
RODRIGUEZ, DIANE
1002 BALLINGER DR.
LUTZ, FL**

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

**D
RODRIGUEZ, CHARLES F JR
12935 N OREGON AVE
TAMPA FL**

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST., ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and comply with the requirements stated in Sections 191.017(3)(b), Florida Statutes. I further certify that the information is given in the 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. 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 of this report as an officer or director with an address.

SIGNATURE:

Anthony R. Rodriguez

5/11/95

(813)979-0220

(Signature of Officer or Director)

(Signature of Secretary)