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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation to ALL AN	Name	CONTRACTOR (7) L OF OKEECHOBEE, INC.		1 30 Taight 001 19161 04101 10111 00111	RIBI RIBII GIBII QIBII RIBII RIBII BIBII 1881
Principal Place of	of Business	Mailing Address			
588 N. E. 28TH AVE 621 NE 30TH AVE OKEECHOBEE FL 34972		588 N. E. 26TH AVENUE 621 NE 30TH AVE OKEECHOBEE FL 34972		O. West De David Leit Doord	
US	- 1 - 1 - 1 - 1	US		3. Date Incorporated or Qualified 06/29/1990	3a. Date of Last Report 01/20/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FE! Number 65-0164565	Applied For Not Applicable
21 Suite Apt # ale		Suite Ant # etc	Suite, Apt. #, etc.		\$8.75 Additional
Suite, Apt. #, etc.		—-¬	27		Fee Required
City & State		City & State			\$5.00 May Be
23		28		Trust Fund Contribution	Added to rees
Zip	Country	Zφ	Country	This corporation has liability for it Florida Statutes Yes	
24	9, Name and Address of Cu	29 3	0	10. Name and Address of New R	
	9, Name and Address of Co	Helit Hediotolea Whent	81 Name 🗥	TRAINT COL	CAPU
GERNAT, GREGORY 82 Stree				ress (P.O. Box Number Is Not Acceptable 20 N.F. 20 7 H	
621 NE 30TH AVE			82 Street Add	18 NE 2874 1	9VE.
OKEECHOBEE FL 34972					
			84 City OV	EECHO BEK	FL 85 Zio Code 72
4.5 Burguard to	a the provisions of Sections 607.	0502 and 607 1508. Florida Statutes.	the phase pamed cores	cation submits this statement for the our	nose of changing its registered office
l or rogistore	ed agent, or both, in the State of h, and accept the obligations of	Florida. Suich change was authorized Section 607.0505, Florida Statutes.	Y GRANA	T PKESIDENT	on in horiz as registered agents i a
		agent and title if applicable (NOTE:	Registered Agent signature require	nd when reinstating) ADDITIONS/CHANGES TO OFF	DATE
12.	OFFICER:	DELETE	1. 1 TITLE	Applifolia (Classical Control	Change Addition
NAME	GERNAT, GREGORY		1.2 NAME		
STREET ADDRESS	588 N. E. 28TH AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	OKEECHOBEE FL		1.4 CHY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		- Paritie	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3 1 TITLE		Fl Augusta Fl Leaguer
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP TITUE		DELETE	4. 1 TITLE		Change Addition
NAME		٠ س	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELE7E	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	B 1 TITLE		C Change C Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP	for the exemption stated in Section 119	0.7/3/(k) Florida Statutes, I further

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 if changed, or on an attachment with an address.

GREGORY GENNAS 4/21/96 941-467-9821 SIGNATURE: