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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # **L93079** 

(6)

FILED
Apr 17 1996 8:00 am
Secretary of State

PANDA CONSTRUCTION, INC.

Principal Place of Business Mailing Address 4629 MARINOR BLVD P.O. BOX 1085 PORT RICHEY FL 34673 SPRING HILL FL 34601 3a. Date of Last Report 3. Date Incorporated or Qualified 08/09/1990 05/12/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0208953 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State Orty & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s 199.032, Ζıp Yes No Florida Statutes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **-Penna**, Donald 82 Street Address (P.O. Box Number is 5525 RICHEY DR 83 NEW PORT RICHEY FL 34652 85 Zip Code 84 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 authorize i by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607,0505, Florida Statutes. Dong ld renna egistered agert a stitle if app ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELÉTÉ TITLE PENNA, DONALD NAME 1.2 NAME 5525 RICHEY DR STREET ADDRESS 1.3 STHEET ADDRESS **NEW PORT RICHEY FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2 1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City - ST - ZIP CITY-ST-ZIP Change Addition ["] DELETE TITLE 3 1 TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST - ZIF ☐ Addition ☐ Change DELETE 4 I TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C!TY - ST - 7IP CHY-ST-ZIP Change ☐ Addition DELETE 5 1 Till E TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS

64 CITY-ST-7IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and ooes 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 legat effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Thantor 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6 1 THILE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATIONS AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/10/96 (352) 686-7707

Change

Addition

CR2E034 (12/95)