

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M15120 (2)

1. Corporation Name

ACTION DEMOLITION & LANDCLEARING, INC.

Principal Place of Business

4100 N.W. 22 AVENUE
MIAMI FL 33142

Mailing Address

4100 N.W. 22 AVENUE
MIAMI FL 33142



2. Principal Place of Business

21 90671 915 Hwy.

Suite, Apt. #, etc

22 STATE RD-4 A

City & State

23 TAVERNIER, FL. 33070

Zip

24 33070

Country

25 USA

2a. Mailing Address

26 294 BURGANDY DR

Suite, Apt. #, etc

27 City & State

28 TAVERNIER, FL 33070

Zip

29 33070

Country

30 USA

3. Date Incorporated or Qualified

05/08/1985

3a. Date of Last Report

11/17/1995

4. FFI Number

65-0139828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONOVER, JOHN S
4100 N.W. 22 AVENUE
MIAMI FL 33142

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 607.0102 and 607.1502, 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 607.0105, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director

DATE Registered Agent's signature required after filing change

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSD
CONOVER, JOHN S
STREET ADDRESS 4100 N.W. 22ND AVENUE
CITY- ST- ZIP MIAMI FL 33142

TITLE ☐ DELETE

NAME D
CONOVER, TINA
STREET ADDRESS 4100 N.W. 22ND AVENUE
CITY- ST- ZIP MIAMI FL 33142

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

700001852227
-06/05/96--01078--043
***225.00

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINA CONOVER-DIRECTOR

DATE

DATE

CR2E034 (12/95)