

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M68478** (0)
1. Corporation Name
FLORIDA REBAR CONTRACTORS, INC.



Principal Place of Business: **15135 PENNINGTON ROAD TAMPA FL 33624 US**
Mailing Address: **15135 PENNINGTON ROAD TAMPA FL 33624 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **02/16/1988** 3a. Date of Last Report: **03/24/1995**
4. FEE Number: **59-2870844** 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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FELMLY, LLOYD M., III
15135 PENNINGTON ROAD
TAMPA FL 33624**

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 607.0602 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD	<input type="checkbox"/> DELETE	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FELMLY, LLOYD M., III		12 NAME:	
STREET ADDRESS: 15135 PENNINGTON ROAD		13 STREET ADDRESS:	
CITY-ST-ZIP: TAMPA FL		14 CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> DELETE	21 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WORTHINGTON, FRANK J		22 NAME:	
STREET ADDRESS: 2310 W. STROUD		23 STREET ADDRESS:	1011 SOUTH MOODY #21
CITY-ST-ZIP: TAMPA FL		24 CITY-ST-ZIP:	TAMPA, FLA. 33629
TITLE:	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		32 NAME:	Secretary-Executive VP
STREET ADDRESS:		33 STREET ADDRESS:	PAULA DELENE FELMLY
CITY-ST-ZIP:		34 CITY-ST-ZIP:	15135 PENNINGTON ROAD
TITLE:	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		42 NAME:	TAMPA, FLA. 33624
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 CITY-ST-ZIP:	

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 supplier's 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 partner 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.

SIGNATURE: *Lloyd M. Felmly III* **LLOYD M. FELMLY III** **4/17/96** **813/9626551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)