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

1990)

1. Corporation	MENT # M8959 CONSTRUCTION, INC.	93 (1)				
Principal Place 12490 RIVERS FT MYERS FI US	SIDE DR	Mailing Address 12490 RIVERSIDE DR FT MYERS FL 33919 US				
					 Date Incorporated or Qualified 07/08/1988 	ed 3e. Date of Last Report 04/28/1995
	ace of Business	2a. Mailing Address			4. FEI Number 65-0064183	Applied For
Suite, Apt. 4	# etc	26 Suite, Apt. #, etc.			0070004103	Not Applicable
22	, o.c.	27]			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State)	City & State			6. Election Campaign Financing	
23 Zip	Country	28	Countr	·	Trust Fund Contribution	Added to Fees for intangible tax under s 199.032,
24	25	29	30	,		Yes Do
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of Ne	w Registered Agent
UNIT 10 CAPE C	E. 16TH PLACE ORAL FL 33904		83 84	Street Acidr	ess (P.O. Box Number is Not Accep	FL 85 Zip Code
or registere familiar wit	ed agent, or both in the state of Flor h, and accept the obligations of, Sec Signature, typed or printed name of registered agen	rida. Such change was authorize tion 607.0505, Florida Statutes.	ed by the corp	named corpor coration's boar nt signature require	rd of directors. I hereby accept the a d when reinstating)	purpose of changing its registered office appointment as registered agent. I am DATE DEFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE:	1. 1 TITLE	T	ADDITIONS/ONANGES TO C	Change Addition
NAME STREET ADDRESS CHY-ST-ZIP	DEVIC, BOZIDAR 4409 S.E. 16TH PL., #10 CAPE CORAL FL		1.2 NAME 1.3 STREE 1.4 City-	T ADDRESS		
TITLE NAME STREET ADDRESS	VD DEVIC, YANNICK B. 4409 S.E. 16TH PL, #10	□ DE_ETE	2 1 TITLE 22 NAME	T ADDRESS		☐ Change ☐ Add-tion
CITY-ST-ZIP	CAPE CORAL FL STD		24 CITY-	ST-ZIP		
NAME SIMEEL ADDRESS CITY-ST-ZIP	DEVIC, RENEE M. 4409 S.E. 16TH PL., #10 CAPE CORAL FL	DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	T ADDRESS		☐ Change ☐ Addiùon
TITLS NAME STREET ADDRESS OUT OF THE	V GRAY, EDDIE L. 1327 BROOKHILL DR FT MYERS FL	☐ DEI.ETE	1	I ADORESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	5. 1 TITLE 5. 2 NAME 5.3 STREE 5.4 City-	I ADDRESS		☐ Change ☐ Addition
TITLE NAME STHEFT ADDRESS CITY-ST-ZIP		☐ DELETE	6 1 TITLE 62 NAME	ADDRESS		Change Addition

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 in dicated 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 cath; 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.