## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P18057

L.M. BENAVIDEZ CONSTRUCTION, INC.

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rincipal Place of Business	Mailing Address	A TABULTANT LINE LINEAL LOSSIS MATTER METERS TOUR OFFIL METERS METERS NITTED METERS AND IN METERS ASSOCIATED IN
O. BOX 1077	P.O. BOX 1077	

Principal Place of Business Mailing Address P.O. BOX 1077 LEAGUE CITY TX 77573 P.O. BOX 1077 LEAGUE CITY TX 7		*			
				3. Date incorporated or Qualified 02/17/1988	3a. Date of Last Report 07/01/1996
	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21 3418 Suite, Apt	Bramble Lane	Suite, Apt. #, etc.		76-0129060	Not Applicable
22	n, 0.0.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
<u> </u>	inson, TX	28		Trust Fund Contribution	Added to Fees
Zip 24 7753	Country  Galveston	Zip	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
<sub>24</sub> 7753	9 25 Galveston 9. Name and Address of Current	29 Registered Agent	30	Florida Statutes  10. Name and Address of New R	Yes \$3 No
CT	COPORATION SYSTEM		81 Name		
120	0 SOUTH PINE ISLAND ROAD NTATION FL 33324		82 Street	ack E. Seelig Address (P.O. Box Number is Not Accepte oute 1 Box 1114A	able)
f •				tarke & Scaling	FL 85 Zip Code 32091
N. Pursuant office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State	and 607,1508, Florida State of Florida, Such change was	utes, the above-named authorized by the co	d corporation submits this statement for the rporation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
	im familial with, and accept the obliga	tions of, Section 607.0505, I	-loriota Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable (40	DTE fit gistered Agent signatur	c required when reinstating)	DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFF	
TITLE	PD DAMPOON LANCON	DETETE	1.1 1111.0		Change  Add-tion
NAME	DAVIDSON, JAMES N 5418 BRAMBLE LANE		1.2 NAME		
STHEET ADDRESS CITY-ST-ZIP	DICKINSON TX 77539		1.3 STREET ADDRESS 1.4 City-SE-Zip		
TITLE	SD	DELETE	2.1 1ITLE	SD & TD	K Change Addition
NAME	DAVIDSON, JOHN B		2.2 NAME	John B. Davidson	
STREET ADDRESS	3156 RICHARDS DRIVE		2.3 STREET ADORESS	3156 Richards Drvie	
City-St-ZiP	DICKINSON TX 77539	7,000	2 4 CITY - ST - ZIP	Dickinson, TX 77539	
TATLE	TD SEELING, JACK E	X DELETE	3 1 TITLE		Change Addition
NAME EXECUT ADDRESS	ROUTE 1 BOX 1114-A		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	STARKE FL 32091		3.3 STREET ADDRESS 3.4. CITY+ST-ZIP		
TITLE		DELFTE	4.1 TillE		Change Addition
NAME		• • • • • • • • • • • • • • • • • • • •	4. 2 NAME	1	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CfTY-S1-ZIP		T ac. ac.	5.4 CITY-ST-ZIP		To Table
TITLE		☐ DELETE	6.1 111tE		Change Addition
NAME	,	•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 C(1Y - ST - Z(P		

14. I do hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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. 5/30/97

**FILED** 

Jun 18 1997 8:00am

Secretary of State