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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P30283

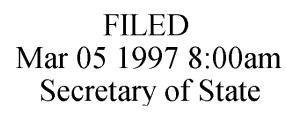
(6)

CONTRACTORS PILING AND MATERIALS LIMITED, INCORP ORATED

Principal Place of Business 13195 GULF LANE, APT, 502

Mailing Address

13195 GULF LANE, APT, 502





MADEIRA BEACH FL 33708		MADEIRA BEACH FL 33708-2556							
						3. Date Incorporated or Qualified 07/25/1990	l l	te of Last F 8/1996	leport
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			oplied For
21		26			59-3022847			ot Applicable	
Suite, Apt	#, etc	Suite, Apl. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Stat	le	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Gountry	Zip	Co	untry		8. This corporation has liability for in			
24]	25	29	30	•				No	•
31	9. Name and Address of Curro			Τ		10. Name and Address of New Reg	gistered A	\gent	
HOI.	INSON, BRIAN E.			81	Name				
	SEMINOLE BLVD.			82	Etropt Ad	dress (P.O. Box Number is Not Acceptab	ioì		
	INOLE FL 34642			D.2	Street Au	dress (P.O. Box Number is Not Acceptate	iie j		
OLM	ANOLE I E OTOTE			83					.,
				84	City			85 Zip	Code
						rporation submits this statement for the p	<u>FL</u>		
SIGNATURE	am familiar with, and accept the obl	spent and title diapplicable (NC	ITE: Register	ed Age		guired when reinstating)	DATE	DIDECTO	DC IN 10
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	JEHS ANL	_	Addition
TILE	PSD	DELETE		IITLE				☐ Change	Addition
NAMÉ	CLARKE, FRANK T.		1	NAME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP	MADEIRA BEACH FL	DELETE			T-ZIP			Change	Addition
TITLE		וייין הבנכוב		TITLE				C Onlinge	Piodilion
NAME			1	NAME					
STREET ADDRESS					ADDRESS				
City ST-7P		DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
TITLE		Occan		NAME					
NAME					ADDDECC				
STREET ADORESS					ADDRESS				
COY-ST-ZIF	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition
NAME		L.J VECCIE		NAME	i				_
STREET ADDRESS					ADDRESS				
City-St-7-2				CITY-S	ľ				
THE		DELETE		TITLE				Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CHTY - S1 - ZiP									
*II({		DELETE		5.4 CITY-ST-ZIP 6.1 TITLE		Determine the second se		Change	Addition
NAM:			6.2	NAME	1				
STREET ADDRESS					ADDRESS				
C:TY-ST-ZiP				CITY-S					
14. Ldo here	eby certify that the information supp	lied with this filing does not qua	alify for th	e exe	emption sta	ted in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify the	t the

information resolutes on this annual report of supplemental annual report is true and accurate and matching signature shall have the same legal effect as in made under of Lam 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.