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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000007265 (0)

1. Corporation Name

WILLIAM ZOEPHEL CONTRACTING, INC.



Principal Place of Business

Mailing Address

2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069

2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069-4441

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0384503

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

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZOEPHEL, WILLIAM
2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of corporation, officer, director, agent, and if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ZOEPHEL, WILLIAM	
STREET ADDRESS	2217 CYPRESS ISLAND DR #106	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	☐ DELETE
NAME	OLSEN, BRIAN	
STREET ADDRESS	3571 NW 5TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	☐ DELETE
NAME	DIAMOND, GARY	
STREET ADDRESS	4914 SW 27TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	☐ DELETE
NAME	MAHOWALD, JEFFREY	
STREET ADDRESS	7910 NW 8TH COURT	
CITY-ST-ZIP	MARGATE FL	
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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 if changed, or on an attachment with an address.

SIGNATURE:

William Zoepfel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-97

Date

954 979-3497

Daytime Phone #

0154290

CR2E034 (9/96)