

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90039 036 ***150.00

DOCUMENT # P93000016124

1. Entity Name

3 WAY CONSTRUCTION COMPANY OF TAMPA



Principal Place of Business

**7702 INDUSTRIAL LN
TAMPA FL 33637
US**

Mailing Address

**7702 INDUSTRIAL LN
TAMPA FL 33637
US**

2. Principal Place of Business - No P.O. Box #

14833 SHAW RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 342774

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33625

Country

USA

Zip

33694

Country

USA

4. FEI Number

59-3167556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONNELLY, PATRICK J
7702 INDUSTRIAL LANE
TAMPA FL 33637-6737**

7. Name and Address of New Registered Agent

Name **ROBERT FISCHER**

Street Address (P.O. Box Number is Not Acceptable)

14833 SHAW RD

City **TAMPA**

FL

Zip Code **33625**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Fischer **PROT**

Signature, typed or printed name of monitored agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-8

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FISCHER, ROBERT**
STREET ADDRESS **14833 SHAW RD.**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VD** ☒ Delete
NAME **DONNELLY, PATRICK J**
STREET ADDRESS **13215 ARBER ISLE**
CITY-ST-ZIP **TAMPA FL 33637**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Fischer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-8

Date

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