FILED
May 07 1997 8:00am
Secretary of State

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $22! ... DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 199~~4~~7

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P930000[redacted]

1. Corporation Name
Nations Construction Services Inc.

Mailing Address: ~~11723 S.W. 15th Manor Davie FL 3332~~
Principal Place of Business: ~~2024 S. University Dr. Suite 214~~ Davie, FL 33324

If above address incorrect, enter correction below.

[redacted]

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2031 S.W. 70 Ave.
Suite, Apt. #, etc.	A-12
City & State	Davie, Florida
Zip	33317
Country	USA

Principal Place of Business	2031 S.W. 70 Ave.
Suite, Apt. #, etc.	A-12
City & State	Davie, FL
Zip	33317
Country	USA

3. Date Incorporated or Qualified: 3-12-93
3a. Date of Last Report: 11-15-96
4. FEI Number: 65-0405180 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 [redacted] ☐
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Christopher B. Zacco
2031 S.W. 70 Avenue A-12
Davie, FL 33317

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to ... 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 and agree to accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: Chris Zacco Pres. Date: 4-30-97
(Registered Agent signature required when reinstating)

12. NAMES AND ADDRESSES OF OFFICERS/DIRECTORS

1.1 TITLE	PSD
1.2 NAME	Christopher B. Zacco
1.3 STREET ADDRESS	2031 S.W. 70 Ave. A-12
1.4 CITY-ST-ZIP	Davie, FL 3331
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
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4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS INFO

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
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4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information ... 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 indicated on this 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 or Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address.

SIGNATURE: Chris Zacco Pres. 4-30-97 954-476-8571
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

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