FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000024451 (5)

DOCUMENT # 1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

HILE

NAME

CONST	RUCTALL, INC.							
Principal Place of Business Mailing Address 1628 ANCHORAGE ST #151 #151 #151 SARASOTA FL 34231 SARASOTA FL 34231					Date Incorporated or Qualified			
US		U\$		03/31/1993		04/18/1995		
z. The part to control		2a. Mailing Address	_		4. FE1 Number 59-3180053			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	- 1		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip 24	Zip Country Zip 25 29 30			atry 8. This corporation has liability for intangible tax under s 199.03: Florida Statutes X yes \(\subseteq No \) 10. Name and Address of New Registered Agent			199.032,	
	g. Name and Address of Cur	rent Registered Agent		т	10. Name and Address of New	Registerea	Agent	
LAYER, DOURLAS P DOUGLAS 1628 ANCHORAGE STREET STE. 151			8	1	dress (P.O. Box Number is Not Acceptable)			
			8	3				
SARASOTA FL 34231				4 City		FL	_	Code
tamiliar will	n, and accept the doligations of d	agent and title flapplicable	(NGTE: Registered A:		ration submits this statement for the pard of directors. Thereby accept the apart of the part of the p	. INH		
12.	OFFICERS	AND DIRECTORS	13.		ADEMICING OF IANGES TO CO	1102110111	Change	Addition
TITLE NAME	LAYER, DOUGLAS P 1628 ANCHORAGE STRE	AYER, DOUGLAS P		ET ADDRESS				
STREET ADDRESS	SARASOTA FL	-L1		- S1 - ZIP				
CITY-ST-ZIP TITLE	ONITION	DELETE	2 1 DTL				Change	Add tion
NAME			2.2 NAM					
STREET ADDRESS				ET ADDRESS				
C!TY-S1-ZIP		F3 DELCTE	2.4 CiTY 3.1 TiTI	-21:14			Change	Addition
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NAME				REEL ADOPESS				
STREET ADDRESS				(- ST - ZIP				
City-St-ZiP TitLE		☐ DELETE	4 1 TIT				☐ Change	Addition
NAME			4 2 NAS	A£				
STREET ADDRESS			4 3 STA	SET ADDRESS				
CITY-ST-Z:P				r - S1 - ZIP			Change	Addition
TITLE		DELETE	5 1 1 17				C) change	☐ Addition
NAME			5 2 NAI					
STREET ADDRESS				EET ADDRESS				
0.71. 61. 2.6			5.4 CIT	Y - ST - ZIP				

6 1 TIFLE

6.2 NAME

6.3 STREET ADORESS

6.4 CHY-S1-ZiF

SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily unished 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 angual 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 conformation or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 inchanged or on an adjoinment with an address. 941/927-8667

Change Addition