

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000040356 (6)**

1. Corporation Name

CLOSE CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

**406 NW 3RD ST
OKEECHOBEE FL 34972**

**P O BOX 2558
OKEECHOBEE FL 34973**

3. Date Incorporated or Qualified

06/08/1993

3a. Date of Last Report

07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLOSE, THOMAS C
1108 N.W. 7TH COURT
OKEECHOBEE FL 34972**

81 Name **Close, Thomas C.**

82 Street Address (P.O. Box Number is Not Acceptable)
1207 N. W. 7th. Street

83 **Okeechobee**

84 City **Okeechobee**

FL

85 Zip Code **34972**

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 **Thomas C. Close Director**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **CLOSE, THOMAS C**
STREET ADDRESS **1108 N.W. 7TH COURT**
CITY- ST- ZIP **OKEECHOBEE FL 34972**

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY- ST- ZIP

1 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

D ☒ Change ☐ Addition
CLOSE, THOMAS C.

1207 N.W. 7th. Street

OKEECHOBEE FL 34972

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

Date

(941) 467-0831

Daytime Phone #

CR2E034 (12/95)