

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000041822 (6)**

1. Corporation Name

DOLPHIN CONSTRUCTORS, INC.

Principal Place of Business

**13986 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635
US**

Mailing Address

**13986 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

59-3186095

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **7730 W. Hillsborough AV.**

Suite, Apt. #, etc

22 City & State

23 **Tampa, FL.**

24 Zip

33615

25 Country

USA

2a. Mailing Address

26 **7730 W. Hillsborough AV.**

Suite, Apt. #, etc.

27 City & State

28 **Tampa, FL.**

29 Zip

33615

30 Country

USA

9. Name and Address of Current Registered Agent

**FARHADI, MEHDI
13986 WEST HILLSBOROUGH AVENUE
TAMPA FL 33635**

10. Name and Address of New Registered Agent

81 Name

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

7730 W. Hillsborough AV.

83

84 City

Tampa

85 Zip Code

FL

33615

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

 **President**

03/25/98

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FARHADI, MEHDI	
STREET ADDRESS	4771 LAKESHORE LOOP	
CITY-ST-ZIP	OLDSMAR FL 34667	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FARHADI, MEHDI	
STREET ADDRESS	4771 LAKESHORE LOOP	
CITY-ST-ZIP	OLDSMAR FL 34667	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FARHADI, ADELA	
STREET ADDRESS	4771 LAKESHORE LOOP	
CITY-ST-ZIP	OLDSMAR FL 34667	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

 **President**

03/25/98

(813) 882-8335

CR2E034 (10/97)