SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	P93000049453	(2)

FUX	BUILDING CONTRACTOR,	INC.				: 109/169/ 110 14/10 11/11 18/11 18/11 1	1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address 1700 SW 7TH ST 1700 SW 7TH ST WINTER HAVEN FL 33880 US US		Mailing Addres	Mailing Address					
					1			
2. Principa	Il Place of Business	2a. Mailing Add	dress	*******		07/09/1993 4. FE! Number	03/31/1995 Applied For	
21		26				59-3192191	Not Applicable	
	pt#,etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 City & St	tate	City & State					Fee Required	
23	ano .	28	•			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	C	ountry	/	8. This corporation has liability for		
24	25	29	30	-	*****	Florida Statutes	Yes No	
	9. Name and Address of Cu	rrent Registered Agent		١.,	1	10. Name and Address of New R	egistered Agent	
F	OX, TIMOTHY J			81	Name			
518 AVENUE C EAST WAHNETA				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
٧	MINTER HAVEN FL 33880			83				
				<u> </u>				
				84	City		FL 85 Zip Code	
SIGNATURE 12. TITLE	Signature, typed or protect har leaf registere	AND DIRECTORS	1:		ert signul ire regio	red where extension ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition	
NAME	FOX, TIMOTHY J	<u></u> } '		NAME			Addition	
STREET ADDRES		TA			ADDRESS			
CITY - ST - ZIP	WINTER HAVEN FL 33880		14	l City - S	ST ZIP			
TITLE			DÉLETE 2	TITLE			Change Addition	
NAME			22	NAME.				
STREET ADDRES	55				ADDRESS			
CHTY - ST - ZIP		<u></u>		4 City - I title	ST - ZIP		Change Addition	
NAME			·	NAME			O langs Addition	
STREET ADDRES	SS		1		ADDRESS			
CITY - ST - ZIP			3.4	CITY-:	ST - 7/P			
TITLE			DELETE 4	TITLE			Change Addition	
NAME			4	2 NAME				
STREET ADDRES	SS		4.3	STREET	ADDRESS			
CITY-ST-ZiP				CITY - S	ST - ZIP			
TITLE			1	Trile	}		Change Add tion	
NAME STREET ADDRES	25			NAME	ADDRESS			
CITY-ST-ZIP	~			CITY-S				
TITLE				TiTLE			Change Addition	
NAME			62	NAME			<u> </u>	
STREET ADDRES	ss		6.5	STREET	ADORESS			
CITY - ST - ZiF		··· ···		CITY - S				
further made u	certify that the information indicated	flori this annual report or regtor of the corporation	supplemental ar or the receiver or	inual r truste	eport is trúe a sa empowere	lify for the exemption stated in Section and accurate and that my signature shi dito execute this report as required by	a' have the same legal effect as it	

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96 (941) 293-4298