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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000052117 (7)

1. Corporation Name

BELDEN-MORSE CONSTRUCTION, INC.



Principal Place of Business

8695 COLLEGE PKWY
STE 344
FT MYERS FL 33919
US

Mailing Address

8695 COLLEGE PKWY
STE 344
FT MYERS FL 33919-5802
US

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1342 COLONIAL BLD.

2a. Mailing Address

26 1342 COLONIAL BLD.

Suite, Apt. #, etc.

22 SUITE 31

Suite, Apt. #, etc.

27 SUITE 31

City & State

23 FONT MYERS, FL

City & State

28 FONT MYERS, FL

Zip

24 33907

Country

25 USA

Zip

29 33907

Country

30 USA

4. FEI Number

65-0451268

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KRACKHARDT, PAUL
929 CYPRESS LAKE CIRCLE
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

KRACKHARDT, PAUL

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

820 HOFSTRA DRIVE

83

FONT MYERS, FL

84 City

FONT MYERS, FL

85 Zip Code

33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME KRACKHARDT, PAUL
STREET ADDRESS 929 CYPRESS LAKE CIR
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE V
NAME KRACKHARDT, BERNHARD
STREET ADDRESS 1844 W CRESCENT
CITY-ST-ZIP PARK RIDGE FL

☐ DELETE

TITLE S
NAME KRACKHARDT, DEBORAH
STREET ADDRESS 929 CYPRESS LAKE CIR
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME KRACKHARDT, PAUL
1.3 STREET ADDRESS 820 HOFSTRA DRIVE
1.4 CITY-ST-ZIP FONT MYERS, FL 33919

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE S
3.2 NAME KRACKHARDT, DEBORAH
3.3 STREET ADDRESS 820 HOFSTRA DRIVE
3.4 CITY-ST-ZIP FONT MYERS, FL 33919

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

PAUL J. KRACKHARDT

4/30/97 (941) 274-9122

Date

Daytime Phone #

CR2E034 (9/96)