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FILED
Jun 16 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 # P93000056572 (9)

1. Corporation Name

CRONIN CONSTRUCTION CORPORATION



Principal Place of Business

Mailing Address

670 N ORLANDO AVE
STE 205
MAITLAND FL 32751
US

670 N ORLANDO AVE
STE 205
MAITLAND FL 32751-4465
US

2. Principal Place of Business

21 327 S. County Rd 427

2a. Mailing Address

26 327 S. County Rd 427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LONGWOOD

27 City & State

28 LONGWOOD

Zip

Country

24 32750

25

SEMINOLE

Zip

Country

29 32750

30

SEMINOLE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/11/1996

4. FEI Number

59-3195924

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

10. Name and Address of New Registered Agent

CRONIN, RICHARD L
203 ADELAIDE BLVD.
ALTAMONTE SPRINGS FL 32701

81 Name

RICHARD LEE CRONIN

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

560 CRANES WAY, UNIT 228

83

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32701

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CRONIN, RICHARD L
STREET ADDRESS 203 ADELAIDE BLVD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE DS ☒ DELETE

NAME CRONIN, BONNIE J
STREET ADDRESS 203 ADELAIDE BLVD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE TV ☐ DELETE

NAME HAMMERSLEY, JAMES C.
STREET ADDRESS 2254 MATTHEW CR.
CITY-ST-ZIP DELTONA FL

TITLE VPAS ☐ DELETE

NAME FIES, DEBORAH F
STREET ADDRESS 958 VINERIDGE RUN 10-208
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CRONIN, RICHARD L.
1.3 STREET ADDRESS 560 CRANES WAY, UNIT 228
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME CRONIN, DEBORAH L.
4.3 STREET ADDRESS 560 CRANES WAY, UNIT 228
4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 REQUIRED

6/16/97 4:23:39 PM

CR2E034 (9/96)