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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061683 (7)

SEMINGTON CONSTRUCTION FLORIDA, INC.

| | | | | | | | | | | <u> </u> |
|---|--|----------------------------------|------------------------|-----------------------|----------------|--|--|---------------|---------------------|------------------|
| Principal Place of Business Mailing Address | | | | | ł | 1 18011891 11 | | | ****** | 1 1001 1241 |
| 12801 S. BELCH | | 12801 S. BELCHER RD. | | | | | | | | |
| LARGO FL 3464 US | ĸ | LARGO FL 33773-1636 US | | | ł | | | | | |
| 65 | | •• | | | F: | 3. Date Incor | porated or Qualified | 3a. D | ate of Last R | Report |
| | | | | | | 08/30/19 | | | 01/1996 | |
| 2. Principat P | Tace of Business | 2a. Mailing Address | | | | 4. FEI Numb | | | Ar | oplied For |
| 21 | | 26 | | | | 65-043 | 1493 | | No | ot Applicable |
| Suite, Apt | #, elc | Suite, Apt. #, etc. | | | | 6 Certificate | of Status Desired | X | | Additional |
| 22 | | 27 | | | | | 0.0000000000 | | Fee Re | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| Zip Country | | Zip Country | | | | | Contribution | | | to Fees |
| 24 | | | 30 | У | 1 ' | B. This corporate Florida State | oration has liability for | Yes | e tax under s No | 199.032, |
| [24] | 9. Name and Address of Current Registered Agent | | | | 11 | | Address of New Ro | | | |
| WEIT | FEKAMP; CHRISTINE | <u>-</u> | 8 | Name | | EAR. | Allas | | JE | |
| |)1 S. BELCHER RD. | | L | Stroot | | | Imber is Not Accepta |) <u> </u> | 76 | |
| I | GO FL 04040 | 82 Street Ad | | | t Address | (P.O. BOX NU | imber is Not Accepta | DIE) | | |
| 1 | | | B | 3 | | | | | | |
| | | | 8 | 1 - | | | | | les l Zie | Codo |
| | | | | 1 | | | | FL | _ | ^{Cod} 3 |
| 11. Pursuant | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig | 02 and 607 1508, Florida Statute | s the abo | ve-name | d corporat | tion submits t | his statement for the | purpose c | of changing if | ts registered |
| agent La | registered agent, or both, in the state am fagiliar with, and accept the oblig | ations of, Section 607.0505, Flo | rida Statut | es. | rporations | s poaru or pir | ectors, i hereby acce | thr me ahi | bourment as | . registered |
| SIGNATURE. | Charley | | | | | | 4/15/9 | 7_ | | |
| | Signature typical or printed name of registered ag | | | gent signatu | re required wh | nen reinstating) | VOULANDED TO OFFI | DATE CEDE AND | D DIDECTOR | DC IN 10 |
| 12. | P OFFICERS AN | ID DIRECTORS DELETE | 13. 1.1 TiTLE | | - | ADDITIONS | CHANGES TO OFFI | CEHS AN | Change | Addition |
| NAME | VEAR, ANDREW R | | 1.2 NAME | | } | | | | Charge Line | radiiioii |
| STREET ADDRESS | 12801 S. BELCHER RD. | | | Et address | . | | | | | |
| CITY-ST-ZIP | LARGO FL 33773 | | 1.4 CITY- | | | | | | 337 | 173 |
| THILE | VPST | DELETE | 2.1 TITLE | | † | | | | Change | Addition |
| NAME - | WEITEKAMP, CHRISTINE E | | 2.2 NAM1 | | VEA | B 64 | RISTINE | * | | |
| STREET ADDRESS | 12801 S. BELCHER RD | | 2.3 STRE | ET ADDRESS | ; | .n, en | KIS I INE | α. | | |
| C-TY - ST - ZIP | LARGO FL きるつつる | 33773 | | -ST-ZIP | İ | | | | 3377 | 13 |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | | | ☐ Change | Addition |
| NAME | | | 3.2 NAMI | | 1 | | | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | ; | | | | | |
| CITY-S1-ZiP | | | 3.4. CITY | | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | | L. Change | Addition |
| NAME | | | 4. 2 NAM | | | | | | | |
| STREET ADDRESS | | | 1 | et address | | | | | | |
| CITY - ST - 7(P | 1 | [] pertit | 4.4 CITY | | | | | | T Chann | The Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | | Change | Addition |
| NAMÉ ERRET NOLOGO | | | 5.2 NAMI | | . | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | ` | | | | | |
| THE | | DELETE | 5.4 CITY- 6.1 TITLE | | | , , , | ······································ | | Change | Addition |
| NAME. | | | | | | | | | -1 Aumile | |
| STREET ADDRESS | | | 6.2 NAMI | : Et address | | | | | | |
| STAFF FROM SO | | | 6.4 OUT | - AUUNESS - OLF TO | ' ' | | | | | |

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