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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000077256 (4) D & S CONTRACTORS, INC.

FILED May 14 1997 8:00am Secretary of State



2. Principal Place of Business 22a. Mailing Address 4. FEI Number 59-3214199	of Last Report
2. Principal Place of Business 22a. Mailing Address 4. FEI Number 59-3214199	•
21 HILLS BOROVGH / ASCO TV 26 59-3214199	1/1996
21 HILLS BOROVGH/PASCO (Ty)26 59-3214199	Applied For
Cuito Ant 4 ata	Not Applicable
L Corbleade of Status Degree 1 1	\$8.75 Additional
22	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution ☐ Zip Country 7ip Country 8. This corporation has liability for intangible ta	Added to Fees
24 25 29 30 Florida Statutes Yes	
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent	gent
STERUNG, SCOTT P 81 Name	
22451 SOUTHSHORE 82 Street Address (P.O. Box Number is Not Acceptable)	
LAND O' LAKES FL 34639	
83	
84 City	85 Zip Code
	II ,
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 conflice 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 appoint agent. I aminutar with, and record the obligations of, Section 607.0505, Florida Statutes.	changing its registered
agent. Lampfinitiar with, and proceed the obligations of, Section (07.0505, Florida Statutes)	A A.
SIGNATURE A BANK K MINNY SWICK STERLING MYRILZ6/19	197
Signature, typed or printed name of registered agent and pie if applicable (NOTE Registered Agent agreature required when reinstating) DATE OFFICERS AND DESCRIPTION OF CONTROL AND CONT	DIRECTOROUNIA
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE	Change Addition
NAME STERLING, SCOTT P 12 NAME	
AAAA AAATAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
LAND OLI ALIZO PLA 1000	
	Change Addition
NAME DENIS, ROGER C 2.2 NAME	_ • •
STREET ADDRESS 7351 BRIGHTEN DR. 2.3 STREET ADDRESS	
CHY-ST-ZIP TAMPA FL 33815-5007 2.4 CHY-ST-ZIP	
TITLE DELETE 3.1 TOLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-ST-7IP	
TITLE DELETE 41 TITLE	Change Addition
NAME 4.2 NAME.	
STREET ADDRESS 4.8 STREET ADDRESS .	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.8 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-S1-ZIP	T 60
THILE DELETE 6.1 THUE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
Office Admices	

Too 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 earth; that I am an officer or director of the corporation or this 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 a pattachment with an address