

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:50

DOCUMENT # P93000083606 (2)

1. Corporation Name

DITTRICH CONSTRUCTION INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
P.O. BOX 597
HOMOSASSA FL 34487
US

Mailing Address
255 S.E. US HWY 19
SUITE 18
CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21 6011 Homosassa Trail

2a. Mailing Address
26 PO Box 597

4. FEI Number
59-3211757

Applied For
Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 Homosassa, Fl.

City & State
28 Homosassa, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 34478

Country
25 Citrus

Zip
29 34487

Country
30 Citrus

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DITTRICH, JOHN
6671 BASSETT DRIVE
HOMOSASSA FL 34487

81 Name

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

83

84 City

FL

85 Zip Code

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 John Dittrich
Signature, typed or printed name of registered agent and firm if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE
3-22-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
DITTRICH, JOHN
STREET ADDRESS
P.O. BOX 597 N/A
CITY - ST - ZIP
HOMOSASSA FL 34487

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME
DITTRICH, ELLEN
STREET ADDRESS
P.O. BOX 597 N/A
CITY - ST - ZIP
HOMOSASSA FL 34487

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Dittrich
Signature and typed or printed name of signing officer or director

3-22-95 904-628-1813
Date Signature #