

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/11/95--01101--021
***200.00 ***200.00

DOCUMENT # P93000086305

1. Corporation Name

Craig Hanger Construction Inc.

Principal Place of Business

Mailing Address

*1520 W. Clinton St.
Tampa FL 33604*

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/13/93

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 4. FEI Number *59-3222469* Applied For Not Applicable

22. City & State 27. City & State 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23. Zip 28. Zip 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24. Country 25. Country 29. Country 30. Country 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

*Ralph Cardenas
7137 N. Armenia Ave.
Tampa FL 33604*

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code *FL*

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]

(NOTE: Registered Agent signature required when reappointing)

DATE

4-26-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>P</i>	1.1 TITLE	☐ Change ☐ Addition
NAME	<i>Craig Hanger</i>	1.2 NAME	
STREET ADDRESS	<i>1520 W. Clinton St.</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<i>Tampa FL 33604</i>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(3)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

(Date)

(Type Name Here)