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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:36

DOCUMENT # **P93000087380 (0)**

1. Corporation Name
PRO CONSTRUCTS INC.

Principal Place of Business	Mailing Address
7930 BAY POINTE DRIVE STE. B-20 TAMPA FL 33615	7930 BAY POINTE DRIVE STE. B-20 TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 P.O. BOX 272146
22 Suite, Apt. #, etc.
23 City & State: TAMPA FL
24 Zip: 33688 25 Country: USA

2a. Mailing Address
26 P.O. BOX 272146
27 Suite, Apt. #, etc.
28 City & State: TAMPA FL
29 Zip: 33688 30 Country: USA

4. FEI Number: 59-3215469 ☐ 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

9. Name and Address of Current Registered Agent

O'BRIEN, LINDA Z
7930 BAY POINTE DRIVE
STE. B-20
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11915 NICKLAUS CIRCLE
83
84 City: TAMPA FL 85 Zip Code: 33624

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: Linda Z O'Brien — 4-24-95
Signature of (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 ~~TITLE~~	11915 NICKLAUS CIRCLE	☒ Change ☐ Addition
NAME	O'BRIEN, LINDA Z	12 ~~NAME~~	TAMPA FL 33624	
STREET ADDRESS	7930 BAY POINTE DRIVE STE. B-20	13 STREET ADDRESS	P.O. BOX 272146	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL 33688	
TITLE	DVPS	21 TITLE	11915 NICKLAUS CIRCLE	☒ Change ☐ Addition
NAME	FORINO, DONALD J	22 NAME	TAMPA FL 33624	
STREET ADDRESS	7930 BAY POINTE DRIVE STE. B-20	23 STREET ADDRESS	P.O. BOX 272146	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL 33688	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(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 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: Linda Z O'Brien — 4-24-95 — (813)960-3768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LINDA Z O'BRIEN

0297654 CP