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 FEB 21 AM 9:36

DOCUMENT # **P94000000434 (8)**

1. Corporation Name

MAINSTREAM CONTRACTORS, INC.

Principal Place of Business	Mailing Address
2651 MAPLELOFT LANE SARASOTA FL 34232	2651 MAPLELOFT LANE SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/23/1993	03/01/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0452379	☐ Applied For ☐ Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	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
THEIS, JOHN R CPA 2651 MAPLELOFT LANE SARASOTA FL 34232	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 _____ (Required: Typed or printed name of Registered Agent and the Capacity) (NOTE: Registered Agent signature required when mailed in) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	ALFORD, GARRY R	12 NAME	
STREET ADDRESS	303 MENDEZ DR.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ADAMSON, KEVIN	22 NAME	
STREET ADDRESS	C/O 2651 MAPLELOFT LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	MARTINELLI, JOSEPH	32 NAME	
STREET ADDRESS	C/O 2651 MAPLELOFT LANE	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	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 hereby certify that the information supplied with this filing is absolutely furnished and 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARRY R. ALFORD Garry R. Alford Pres. 2-11-95 813-258-2193
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — DATE — Daytime Phone #

0330041 CP