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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OSSTATE

Sandra B. Worth Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000000434** (8)

MAINSTREAM CONTRACTORS, INC.

Principal Place of Business

Mailing Address

2651 MAPLELOFT LANE

FILED Apr 02 1997 8:00am Secretary of State



SARASOTA FL 34232			SARASOTA FL 34232-4379										
								-	3. Date Incorporated or Qualified 12/23/1993		te of Last 6 5/1996	Report]
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		A	pplied For	
21				26					65-0452379 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional		
22				[27]								equired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be				
Zip Country			28	[28] Zip Countr					Trust Fund Contribution Added to Fees				$\frac{1}{2}$
24	25	outin y	29	2.44	30	ionu y			8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes X No				
9. Name and Address of Current				stered Agent	[30]				10. Name and Address of New Registered Agent				
THE	ÍS, JOHN R CPA			-		81	Name						1
2651 MAPLELOFT LANE													
SARASOTA FL 34232				82			Street	Addres:	s (P.O. Box Number is Not Accepta	ble)			
J. Orac	//V/// E 01202					83							
											·		_
						84	City			FL	85 Zip	Code	
11. Pursuant office or r agent. I a	to the provisions of egistered agent, or m familiar with, and	Sections 607.0502 both, in the State o accept the obligati	and £ f Flori ons o	607.1508, Florida Statut da. Such change was a f, Section 607.0505, Fic	es, the l authorize orida Sta	above ed by alules	e-named the corp s.	corporation	ation submits this statement for the 's board of directors. I hereby acce	purpose of pt the appo	thanging ointment as	its registered registered	-
SIGNATURE	Signature, typed or printed	finance of registered agent	and title	If applicable (NOT	t : Register	ed Age	nt signature	required	when reinstating)	DATE			
12.		OFFICERS AND	DIRE	CIORS	13.				ADDITIONS/CHANGES TO OFFIC			RS IN 12	19
TITLE	DPT			DELETE	1.1	TITLE					Change	Addition	0
NAME	ALFORD, GARR	Y R			1.2	NAME							2
STREET ADDRESS				1.3		1.3 STREET ADDRESS							Ú
CITY-ST-ZIP	SARASOTA FL	34243			1.41	CITY - S	T-ZIP] <u>8</u>
TITLE	DA			☐ DELETE	2.1	1111.15				*	Change	Addition	C
NAME	ADAMSON, KEVIN			221			2.2 NAME			•			ł
STREET ADDRESS C/O 2651 MAPLELOFT LANE				23'			2 3 STREET ADDRESS						ļ
CITY-ST-ZIP	SARASOTA FL				2 4 C(TY - ST - Z(f)						<u> </u>	4	
TITLE	DS MADTINEM 10	VOEW!				3 1 TITLE					Change	Addition	
NAME	MARTINELLI, JO		3.2 N										
STREET ADDRESS C/O 2851 MAPLELOFT LANE CITY-ST-7IP SARASOTA FL 34232				i			ADDRESS						
CITY-ST-ZIP	SARASOIA FL	3423Z		DELETE		CITY - S	11 - 71P				Channa	Addition	-
TITLE				בין מנונונ		TITLE					Change	Addition	
NAME						NAM[
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	5.1	CHY-\$	1 - 712				Change	Addition	4
NAME				C. Ditti	- 1	NAME					Unange	LT Vonigor	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CHTY-S							
TITLE				DOLLETE	5.4 C		1.41				Change	Addition	1
NAME				hand with the		NAME							1
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				6.4 CI									
													1

14. I do 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 oath; that I am an officer or director of the corporation or the receiver or trusted explaymental 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 explaymental an address.