

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000000616 (0)

1. Corporation Name

M L COLLINGWOOD - GENERAL CONTRACTOR, INC.



Principal Place of Business

3139 South Gate Circle
1510 S. TUTTLE AVENUE
SARASOTA FL 34239

Mailing Address

3139 South Gate Circle
1510 S. TUTTLE AVENUE
SARASOTA FL 34239

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COLLINGWOOD, MICHAEL L

1510 S. TUTTLE AVENUE 3139 South Gate Circle
SARASOTA FL 34239

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0457156

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of appointment

Signature, typed or printed name of new registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSY

☐ DELETE

NAME

COLLINGWOOD, MICHAEL L

STREET ADDRESS

7012 SADDLE CREEK CIRCLE

CITY - ST - ZIP

SARASOTA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Vice President

☐ Change ☒ Addition

1.2 NAME

Pamela Jo Benes

1.3 STREET ADDRESS

1466 Fleetwood Drive

1.4 CITY - ST - ZIP

Sarasota, FL 34232

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: ML Collingwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96

941-365-8333

Date

Daytime Phone

CR2E034 (12/95)