

**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 # **P94000014773 (3)**

1. Corporation Name

**SPECIALTY CONTRACTING OF TAMPA BAY, INC.**



Principal Place of Business

Mailing Address

4610 BUCKEYE RD  
TAMPA FL 33624  
US

4610 BUCKEYE RD  
TAMPA FL 33624  
US

3. Date Incorporated or Qualified <b>02/23/1994</b>	3a. Date of Last Report <b>01/23/1995</b>
4. FEI Number <b>59-3225511</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**H. EDWARD HARTUNIAN**  
4610 BUCKEYE RD  
TAMPA FL 33624

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

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 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	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>HARTUNIAN, EDWARD</b>	
STREET ADDRESS	<b>4610 BUCKEYE RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EDWARD HARTUNIAN</b>	
1.3 STREET ADDRESS	<b>4610 BUCKEYE RD</b>	
1.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
2.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CAROLE HARTUNIAN</b>	
2.3 STREET ADDRESS	<b>4610 BUCKEYE RD</b>	
2.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
3.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CAROLE HARTUNIAN</b>	
3.3 STREET ADDRESS	<b>4610 BUCKEYE RD</b>	
3.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>	
4.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>EDWARD HARTUNIAN</b>	
4.3 STREET ADDRESS	<b>4610 BUCKEYE RD</b>	
4.4 CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

*Edward Hartunian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96  
Date

(813)  
265-1937  
Daytime Phone #

CR2E034 (12/95)