

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Moscham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 11 AM 9:09

DOCUMENT # P94000019815 (7)

1. Corporation Name:

CONTRACTING SPECIALIST, INC. (CSI)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

721 1ST AVE N
ST PETERSBURG FL 33701

Mailing Address

721 1ST AVE N
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

4. FEI Number

59-3229720

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

2. Principal Place of Business

21 1920 - 9th Street No.

Suite, Apt #, etc

22

City & State

23 St. Petersburg, FL.

24 33704

25 USA

2a. Mailing Address

26 1920 - 9th Street No.

Suite, Apt #, etc

27

City & State

28 St. Petersburg, FL.

29 33704

30 USA

9. Name and Address of Current Registered Agent

WILL, CHARLES R JR
721 1ST AVE N
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1920 - 9th Street North

83

84 City
St. Petersburg

FL

85 Zip Code
33704

11. Pursuant to the provisions of Sections 607.050 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 607.050, Florida Statutes.

SIGNATURE

Charles R. Will

(Signature of Agent or Secretary of State, and title if applicable)

(NOTE: Registered Agent (signature required when registered))

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILL, CHARLES R JR
STREET ADDRESS	721 1ST AVE N
CITY, ST, ZIP	ST PETERSBURG FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1920 - 9th Street North
1.4 CITY, ST, ZIP	St. Petersburg, Florida 33704
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 199.03(4), Florida Statutes. I further certify that the information indicated on this filing, 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Charles R. Will

4-7-95 813-895-4200

(Date)

(Signature Number)