

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000027531 (0)

1. Corporation Name

TRIANGLE SITE CONSTRUCTION CO.



Principal Place of Business

5891 HAWKINS RD.
SARASOTA FL 34241

Mailing Address

5891 HAWKINS RD.
SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

65-0490234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 7302 Dunes Ct

Suite, Apt. #, etc.

22

City & State

23 Bradenton FL

Zip

24 34202

Country

25 USA

2a. Mailing Address

26 7302 Dunes Ct

Suite, Apt. #, etc.

27

City & State

28 Bradenton FL

Zip

29 34202

Country

30 USA

9. Name and Address of Current Registered Agent

WYNN, LANCE T
5891 HAWKINS RD.
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7302 Dunes Ct

83

84 City

Bradenton

FL

85 Zip Code

34202

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

1-30-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WYNN, LANCE T
STREET ADDRESS 5891 HAWKINS RD.
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7302 Dunes Ct
1.4 CITY-ST-ZIP Bradenton FL 34202

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-98

Date

Daytime Phone # 0459043

CR2E034 (10/97)