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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000052422 (0)

1. Corporation Name  
COLONIAL CONTRACTING OF SWFL, INC.



Principal Place of Business  
420 N.E. 3RD AVENUE  
CAPE CORAL FL 33909

Mailing Address  
420 N.E. 3RD AVENUE  
CAPE CORAL FL 33909-2509

3. Date Incorporated or Qualified  
07/11/1994

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business  
21 2155 ANDREA LANE

2a. Mailing Address  
26 14837 MARTIN DR.

4. FEI Number  
65-0501446

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 # C-2

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State  
23 FORT MYERS, FL

City & State  
28 FORT MYERS, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip  
24 33912-1923

Country  
25 USA

Zip  
29 33908

Country  
30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAILEY, GLENN V  
420 N.E. 3RD AVE.  
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name  
EDWIN W. GOFF

82 Street Address (P.O. Box Number is Not Acceptable)  
14837 MARTIN DR.

83

84 City  
FORT MYERS

FL

85 Zip Code  
33908

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

*Edwin W. Goff*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
BAILEY, GLENN V  
420 N.E. 3RD AVE.  
CAPE CORAL FL 33909 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
SPRADLIN, MICHAEL W.  
420 N.E. 3RD AVENUE  
CAPE CORAL FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
GOFF, EDWIN W.  
420 N.E. 3RD AVENUE  
CAPE CORAL FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
PRESIDENT ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
14837 MARTIN DR.  
3.4 CITY - ST - ZIP  
FORT MYERS, FL 33908

4.1 TITLE  
S/T ☐ Change ☒ Addition  
4.2 NAME  
STEPHANIE W. GOFF  
4.3 STREET ADDRESS  
14837 MARTIN DR.  
4.4 CITY - ST - ZIP  
FORT MYERS, FL 33908

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 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 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:

*Edwin W. Goff* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/05/23

CR2E034 (9/96)