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

PROFIT



FLORIDA DEPARTMENT OF STATE

	JAL REPORT	Secret	B Mortham ary of State CORPORATIONS		
1. Corporation	MENT # P9400 0	0055856 (6)			
STITZE	L CONSTRUCTION, INC.			(CERTICAL TOR SEAL RESIDENCE ROLLS	
Principal Place	e of Business POINTE DR W	Mailing Address		. 14611EB! 116 1A113 EIEII #Aff! BBill B	antı antat anını atıbı ibidi bitin difi idili
LAKELAND FI		7933 RIDGE POINTE DR W LAKELAND FL 33809			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		07/27/1994 4. FEI Number	08/08/1995
21		26		59-3259834	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23 Z _{ID}	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes Yes	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
STITZEL DAOLIEI			ess (P.O. Box Number is Not Acceptable		
	GE POINTE DR W				e)
LAKELAN	ID FL 33809		83		
			84 City		B5 Zip Code
11. Pursuant t or register	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida	and 607.1508, Florida Statute	s, the above named corpora	ation submits this statement for the purp d of directors. I hereby accept the appo	ose of changing its registered office
(n, and accept the obligations of Section	in 0 87.0505, Florida Statutes.	or by the corporation's float	or or disoriors. I hereby accept the appo	niment as registered agent. I am
	Signature: typed of the fed han e of registered agent a	This it applies the (Next)	E. Fregislaned Agent signature required	what terstaling	DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	STITZEL, ART		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	7933 RIDGE POINTE DR W		13 STREET ADDRESS		
CITY+ST+ZIF TIFLE	LAKELAND FL 33809 S	[] DELETE	1.4 CiTy - ST - ZiF 2 1 TULE		
NAME	STITZEL, RAQUEL		2 2 NAME		Change Addition
SIFEET ADDRESS	7933 RIDGE POINT DR W		23 STREET ADDRESS		
CIFY - ST - 7IP TIFLE	LAKELAND FL 33809	DELETE	24 C-TY - S1 - 7 P 3 1 DEE		
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 SPREEL ADDRESS		
TITLE		DELETE	3.4 CITY - ST - ZIF		
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STHEFT ADDRESS		
O'TY-ST-7i≥ TITLE		☐ DELFIE	4 4 CHY-ST-Z.P		
N4V-			5 1 Table 52 NAME		Change 🔲 Addition
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY - ST - ZIP			5.4 CHY-ST-2IP		
TITLE NAME		☐ DELETE	6 1 HT.6		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-ST-Z-P			6.4 C(IY - ST - 7:P		
oath; that I		Lon or the receiver or trusted a	report is true and accurate	the exemption stated in Section 119.0 and that my signature shall have the sa report as required by Chapter 607, Flori	

SIGNATURE: __

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96