

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000063296 (5)**

1. Corporation Name  
**STANDARD CONSTRUCTION GROUP, INC.**



Principal Place of Business <b>14497 N. DALE MABRY HWY. SUITE 201 TAMPA FL 33618</b>	Mailing Address <b>14497 N. DALE MABRY HWY. SUITE 201 TAMPA FL 33618-2047</b>
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3. Date Incorporated or Qualified <b>08/23/1994</b>	3a. Date of Last Report <b>06/19/1996</b>
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2. Principal Place of Business 21 <b>3903 NORTHOALE BLVD.</b> Suite, Apt #, etc 22 <b>139 E</b> City & State 23 <b>TAMPA FL.</b> Zip 24 <b>33624</b>	2a. Mailing Address 26 <b>3903 NORTHOALE BLVD.</b> Suite, Apt #, etc 27 <b>139 E</b> City & State 28 <b>TAMPA FL.</b> Zip 29 <b>33624</b> Country 25 <b>USA</b> 30 <b>USA.</b>
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4. FEI Number <b>59-3264265</b>	Applied For <input type="checkbox"/> Not Applicable
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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

9. Name and Address of Current Registered Agent

**WU, DONG (DONALD) J  
14497 N. DALE MABRY HWY.  
SUITE 201  
TAMPA FL 33618**

10. Name and Address of New Registered Agent

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 of person printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BILICKI, ANDREW</b>	
STREET ADDRESS	<b>14497 N. DALE MABRY HWY., #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OVERKAMP, PETER</b>	
STREET ADDRESS	<b>14497 N. DALE MABRY HWY., #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUANG, CHEN</b>	
STREET ADDRESS	<b>14497 N. DALE MABRY HWY., #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WU, TONG (DAVID) H</b>	
STREET ADDRESS	<b>14497 N. DALE MABRY HWY., #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WU, DONG (DONALD) J</b>	
STREET ADDRESS	<b>14497 N. DALE MABRY HWY., #201</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:

*Andrew Bilicki*

**Andrew Bilicki**

**1/23/97**

**813-265-0822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)