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FILED

Jan 17 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 # P94000066845 (6)

1. Corporation Name

COORDINATED CONSTRUCTION SERVICES, INC.



Principal Place of Business

2748 SOUTH PLAYER CIRCLE
MELBOURNE FL 32935
US

Mailing Address

2748 SOUTH PLAYER CIRCLE
MELBOURNE FL 32935-4433
US

2. Principal Place of Business

21 122 S. Twin Lakes Rd.
Suite, Apt. #, etc.

22 City & State

23 Cocoa, FL

24 32926 25 Brevard

2a. Mailing Address

26 122 S. Twin Lakes Rd.
Suite, Apt. #, etc.

27 City & State

28 Cocoa, FL

29 32926 30 Brevard

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

02/15/1996

4. FEI Number

65-0519411

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 has liability for intangible tax under s. 199.032, Florida Statutes



Yes ☐ No

10. Name and Address of New Registered Agent

SCHAEFFER, CYNTHIA L
2748 SOUTH PLAYER CIRCLE
MELBOURNE FL 32935

81 Name

C. Lynne Schaeffer

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

122 S. Twin Lakes Rd.

83

84 City

Cocoa

FL

85 Zip Code

32926

11. Pursuant to the provisions of Sections 607.0505 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 an individual, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

C. Lynne Schaeffer

C. Lynne Schaeffer, President

1/17/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SCHAEFFER, LYNNE C
2748 SOUTH PLAYER CIRCLE
MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WHITTLE, NILS
2748 SOUTH PLAYER CIRCLE
MELBOURNE FL

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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 ☐ 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 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:

C. Lynne Schaeffer

C. Lynne Schaeffer

1/10/97 (407) 690-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0103860

CR2E034 (9/96)