

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000080368 (1)

1. Corporation Name

INTEX CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

4577 GUNN HIGHWAY
SUITE 173
TAMPA FL 33624

4577 GUNN HIGHWAY
SUITE 173
TAMPA FL 33624

FILED

95 JUL -7 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1994

3a. Date of Last Report

4. FEI Number

59-3279890

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under c. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER & POLIAKOFF P.A.
5999 CENTRAL AVE.
SUITE 104
ST PETERSBURG FL 33710

81 Name GARRITY, Rick B.

82 Street Address (P.O. Box Number is Not Acceptable)
4577 GUNN HWY, STE. 173

83

84 City TAMPA

FL

85 Zip Code 33624

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 renaming)

DATE

6/30/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME GARRITY, RICK B
STREET ADDRESS 4577 GUNN HWY., STE. 173
CITY - ST - ZIP TAMPA FL 33624

TITLE
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CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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, or is appended by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick B. Garrity - Pres.

Date

6/12/95 AS- Y/E WBY

Daytime Phone #

CR2E034 (3/95)