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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the info information indicated on this an I am an officer or director of the appears in Block 12 or Block 1.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000083515 (4)

VANDEVELDE CONSTRUCTION, INC.

Principal Place of Business Mailing Address 3763 ENTERPRISE AVE 3763 ENTERPRISE AVE NAPLES FL 34104-3607 NAPLES FL 33942 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1994 04/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0534323 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees  $Z_{\rm ID}$ Country Ζıρ Country This corporation has liability for intangible tax under s. 199,032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 0. Name and Address of New Registered Agent 81 VANDEVELDE, CHARLES E Name 1444 MONARCH CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999-6689 63 City Zip Code 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 Signation Type on printing carrier of registered agent and title it approable. (NOTE Registered Agent signature required w ion reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) PTS Change Addition DELETE 1.1 TITLE TITLE VANDEVELDE, CHARLES E. 1.2 NAME CRZE034 NAME 1444 MONARCH CIRCLE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY - ST - ZIP CITY-ST Addition DELETE \_\_\_ Change THE 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST DELETE Change Addition 3.1 TITLE THU 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP OHY 51-20 DELETE Change Addition 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY - ST - ZIP CITY ST. ZIF DELETE Change Addition THEF 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - S7 - ZIP CITY - ST - 7/P Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS C(1y - \$1 - Z)P 6.4 CITY - ST - ZIP

FILED Apr 02 1997 8:00am Secretary of State



Q qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port is true and accurate and that my signature shall have the same legal effect as if made under oath; that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name