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

PROFIT



FLOR:DA DEPARTMENT OF STATE

ANNUAL	PRATION REPORT	DIVIS	Sandra B Secretary SION OF CO			
DOCUME 1. Corporation Na PRESTON	ENT # P940 I CONSTRUCTION, IN	00091457 IC. OF CENTRAL F	• -		I LEGILLOU HE LEDI DIRI BARK DA	
		Mailwe Address				71 00111 19111 19101 11011 01401 UISIL 9601 1001
Principal Place of Business Mailing Address OHR LATY LANE 9218 LAZY LANE						
9218 LAZY LANE TAMPA FL 33614		TAMPA FL 33				
10mm 11 12 4407					 Date incorporated or Qualified 12/15/1994 	05/31/1995
2. Principa! Place	of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
1	-		26		59-3283173	\$8.75 Additional
Suite, Apt. #, e	etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		,	Trust Fund Contribution	Added to 1 ees
Zip	Country	Zip		Country 30	8. This corporation has liability to Florida Statutes	or intangible tax under si 199.032, es □ No
4	25 g. Name and Address of C	29 urrent Registered Agen		[30]	10. Name and Address of New	
	the provisions of Sections 60 agent, or both, in the State of and accept the obligations of	7,0502 and 607,1508, Flor of Florida, Such change wa f, Section 607,0500, Florid	ida Statute is authorize a Statutes	s, the above named co d by the corporation's	rporation submits this statement for the popular of directors. Thereby accept the a	
SIGNATURE	y abus typed or probled name of respons	-daje na obledom tale	inar i	: Frequence: April agreet as fo	pursonat e i recolatorali	DATE
12.		RS AND DIRECTORS	C : E T C	13.	ADDITIONS/CHANGES TO C	FEICERS AND DIRECTORS IN 12 Change Addition
TITLE	D Preston, Steven S	ں ہے	ELETE	1.2 NAME		
NAME STREET ADDRESS	9218 LAZY LANE			1.3 STREET ADORESS		
CITY - ST - ZIP	TAMPA FL 33614			1.4.C-TY - ST - 7.P		
TITLE			ELETE	2 1 TH (F		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ATORESS		
CITY - ST - ZIP	["] DELETE			24 City - ST 2iP 3 1 Title		Change Addition
TITLE	C been			3.2 NAME		
NAME STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4.0 (TY - S1 - 2)P		
TITLE	DELETE			4.3 TiTUE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ANDRESS		
CiTY-S1-ZiP			DELETE	4.4 C-TY - S - ZIP		Change Additio
THILE		L.J	DELETE	5 1 TITLE 5 2 NAME		<u> </u>
NAME				5.3 STREET ADDRESS		
STREET ADDRESS				5.4 (Hr - ST - ZIP		
CITY - ST - ZiP			DELETE	6 1 TI'LE		☐ Change ☐ Additio

6.4 CHY-ST ZIP 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 119.07(3)(k). 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 of 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 phanged, or open attachment with an address.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STORE ANATHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96