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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS								
1. Corporation	MENT # P9500 HELD CONSTRUCTION, INC	00009764 (8	B)					
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Principal Place of Business Mailing Address								
121 LAKE H	OBRS ROAD	-	040				40 12411 (GB10 \$1111 Et	
LUTZ FL 335		121 lake hobbs ro Lutz FL 33549	DAU					
						3. Date Incorporated or Qualified 3a. Date	of Last Report	
A D 1 1 D				_		02/01/1995	TOT LESS TROPORT	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number	Applied	d For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59 - 3297393		plicable
22		27				5. Certificate of Status Desired	\$8.75 Addit Fee Require	
City & State	ė	City & State				6. Election Campaign Financing	\$5.00 May	
Z ip	Country	28				Trust Fund Contribution	Added to Fe	es
24	25	Zip 29	30 Co.	untry	•	8. This corporation has liability for intangible ta	x under s 199.00	32,
	9. Name and Address of Curre		130	Г		Florida Statutes Yes X No 10. Name and Address of New Registered	Agent	
				81	Name	The state of the s	- Agour	
WARFIELD, MARK S				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
121 LAKE HOBBS ROAD						doc to box realistics to thou receptable)		
LUTZ FL 33549			i	83				
				84	City	FL	85 Zip Code	
familiar wit SIGNATURE _	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, typed or printed name of registered agent	tion 607.0505, Florida Statute	es.		oration's boar	ration submits this statement for the purpose of chard of directors. I hereby accept the appointment as	nging its registere registered agent.	ed office I am
12.	OFFICERS AND DIRECTORS			3. ADDITIONS/CHANGES TO OFFICERS AND DIRE			DIRECTORS IN 1	12
TITLE	0	☐ DELÉTE	1. 1 TI	TLE	7			ddition
NAME Executivanances	WARFIELD, MARK S		1.2 NA	AME				
STREET ADORESS CITY-ST-ZIP	121 LAKE HOBBS ROAD LUTZ FL 33549		13 ST	REET	ADDRESS			
TITLE	LU12 FL 33349	DELETE	1.4 Cil 2. 1 Til		1 - 7 iP			
NAME		Correcti	2.1 II			L] Change 🔲 Ac	ddition
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STREET AUDRESS			4.2 NAI		ADDRESS			
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NAME			5 2 NAM			<u></u>	Onungo []	Onton
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NAME STREET ADDRESS			6 2 NAM					
STREET ADDRESS			63STR	EET A	ODRESS			

6.4 CITY-ST-ZIP 14. Lot hereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark

April 16 /96

Daytime Prione #

CR2E034 (12/95)