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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 # P95000011882 (4)

1. Corporation Name

T. GRAHAM CONSTRUCTION CONSULTING MANAGEMENT GUI  
LD, INC.

Principal Place of Business

6453 KICKAPOO RD.  
SARASOTA FL 34241

Mailing Address

6453 KICKAPOO RD.  
SARASOTA FL 34241-8579

3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

06/19/1996

4. FEI Number

65-0603075

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

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

☐

Yes

☐

No

2. Principal Place of Business

21 4411 BEE RIDGE RD

Suite, Apt. #, etc.

22 # 444

City & State

23 SARASOTA FL

Zip

24 34233

Country

25 USA

2a. Mailing Address

26 4411 BEE RIDGE RD

Suite, Apt. #, etc.

27 # 444

City & State

28 SARASOTA FL

Zip

29 34233

Country

30 USA

9. Name and Address of Current Registered Agent

GRAHAM, B T  
6453 KICKAPOO RD.  
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name

B. Thomas Graham

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

4411 BEE RIDGE RD # 444

83

84 City

SARASOTA

FL

85 Zip Code

34233

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GRAHAM, B T  
STREET ADDRESS 6453 KICKAPOO RD.  
CITY-ST-ZIP SARASOTA FL 34241

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME B. Thomas Graham  
13 STREET ADDRESS 4411 BEE RIDGE RD # 444  
14 CITY-ST-ZIP SARASOTA FL 34233

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-97 941 3796374

CR2E034 (9/96)