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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015397 (9)

DEMOLITION CONTRACTORS, INC.

1207 THIRD ST SUITE 5 NAPLES FL 33		1207 THIRD STREET SOUTH SUITE 5 NAPLES FL 33940			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
		On Mailing Address				02/21/1995				4
· ·	ace of Business	2a. Mailing Address			4. FEI Number			pplied For	-	
21		26				65-0561989			t Applicable	-
Suite, Apt. /	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additlonal equired		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ıntry		8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30. Yes N				╛
	Name and Address of Current		10. Name and Address of New Registered Agent							
POVLITZ, WILLIAM G					Name					
1207 THIRD STREET SOUTH					Character & states	on (D.O. Day Number in Net Assertal	hin)			4
l .			82 Street			Address (P.O. Box Number is Not Acceptable)				
	TE 5	ł								1
NAF	PLES FL 33940									_
				84	City		FL	85 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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					nt signature require	ed when reinstating)	DATE		A 117 12 11	흔
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	JERS ANL			18
TITLE	PD	DELETE 1.1		1.1 TITLE				L Change	Addition	CR2E034 (10/97)
NAME	SCHLEICHER, KEVIN C			AME						129
STREET ADDRESS	1207 THIRD STREET SOUTH, S	SUITE 5	TE 5		ADDRESS					
CITY-ST-ZIP	NAPLES FL 33940		1.4 CITY		T-ZIP]&
TITLE	D DELETE		2.1 7	2.1 TITLE				Change	Addition	ျပ
NAME	SCHLEICHER, GAYLE A 2.2			AME			_ 5			
STREET ADDRESS				2.3 STREET ADDRESS		= -				
CITY-ST-ZIP	NAPLES FL 33940		2. 4 CIT		T-71P					
TITLE				TLE				Change	Addition	1
NAME	3.21				1			•		
i					ADDRESS					
STREET ADDRESS				3.3 STREET ADDRESS 3.4, CITY-ST-ZIP						
CiTY-ST-ZIP		DELETE	_		i-ZP			Change	Addition	1
TITLE		ו"דן הנרבוב	4.1 Ti					- onange		
NAME			4. 2 N							
STREET ADDRESS			4.3 STREET ADDRESS							
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TITLE		DELETE 5.1 Ti		TLE				Change	Addition	
NAME			5.2 N	AME	1					
STREET AODRESS			5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP			5.4 C	1Y-\$1	T-ZIP					_
TITLE		DELETE	6.1 T					Change	Addition	
NAME			6.2 N	AME						
					ADDRESS					1
STREET ADDRESS			0.33		7 70					

I 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.

IGNATURE:

On. 21 '99 941.U43.1600