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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P95000016315 (0)

CONTEV CONSTRUCTION COMPANY, INC.



Principal Place o									
r micipai r acco o	of Business	Mailing Address	s						
750 CREATIVE DR.			P.O. BOX 5491						
SUITE B	00001	LAKELAND FL	LAKELAND FL 33807						
LAKELAND FL 33807						3. Date incorporated or Qualified 02/28/1995	3a. Date	of Last	Report
2. Principal Plac	ce of Business	2a. Mailing Add	iress			4. FEI Number	L		Applied For
21	Se O' Exameda	26				59-3298165			Not Applicable
Suite, Apt #.	etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired		\$8.7	5 Additional
22	•	27				5. Certificate of Status Desired		Fe	e Required
City & State		City & State	e			6. Election Campaign Financing		\$5.	<b>00</b> May Be
23		28				Trust Fund Contribution			led to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in		c under	s 199.032,
24	25	29	30			Florida Statutes 💢 Yes	~~~		
	<ol><li>Name and Address of C</li></ol>	Current Registered Agent	<u>t</u>			10. Name and Address of New Re	gistered A	gent	
				81	Name				
	JAMES R				Street Addr	Address (P.O. Box Number is Not Acceptable)			
	ISON AVE.								
LAKELANI	D FL 33811			83					
				84	City			85	Zip Code
					, , , , , , , , , , , , , , , , , , ,	ration submits this statement for the purp	FL	11	•
familiar with	of the provisions of Sections of id agent, or both, in the State ( in, and accept the obligations o	ıf, Section 607.0505, Floridi	a Statutes.						
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root insertly dentity that the information is applied with this larger section of the accordence in deciding the exemption states in decident in a credity but the information indicated on this annual report of suppliemental 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: V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS CONTI / 5-23-96 941-644-6878