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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022688 (2)

P.S. CONSTRUCTION OF CENTRAL FL. INC.

FILED Mar 17 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 4305 PALOMINO DR 4305 PALOMINO DR. SEBRING FL 33872 SEBRING FL 33872-9527 US			527				
				3. Date Incorporated or Qualified 03/20/1995	3a. Date of La 04/02/199		
	ace of Business	2a. Mailing Address	, , ,	4. FEI Number 62-1614354	<u> </u>	Applied For	
Suite, Apr. i	Shlowing Dr.	26 4305 Y Suite. Apt. #, etc 27 5 8 9 9 9	alomino Dr.	5. Certificate of Status Desired		Not Applicable 75 Additional Beguired	
City & State		City & State	2'-	6. Election Campaign Financing	\$5	.00 May Be	
23 33 S	Country	28 3 3 6 A	Country	Trust Fund Contribution 8. This corporation has liability for i	ntangible tax und	ded to Fees ler s. 199.032,	
24	9. Name and Address of Current	(29 Registered Agent	30 Highlan	Florida Statutes 10. Name and Address of New Re	Yes No		
11. Pursuant t	RING FL 33872 To the provisions of Sections 607.0502 The start of both, in the State of the familiar with, and accept the obligat	and 607,1508, Florida S of Florida Such change vi ions of Section 607,050	84 City Statutes, the above-named cowas authorized by the corpor 5, Florida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accep	FL Juroose of chang	Zip Code ing its registered it as registered	
	Signature Typicifica productivan instrumental agent		(NOTE: hegistered Agent signature red	juired when reinslating) ADDITIONS/CHANGES TO OFFICE	DATE	TODE IN 12	
12.	D	DELETE		ADDITIONS/CHANGES TO OFFIC	Cha		
NAMI STREET ADDRESS	PATTERSON, JEANETT EW 4305 PALOMINO DR. SEBRING FL 33872		1.2 NAME 1.3 STREET ADDRESS				
CITY - ST - ZIP	OCDIMIO I C COOLE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Cha	nge Addition	
NAM/ STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			<u> </u>	
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE		☐ DELETE			☐ Cha	nge Addition	
NAME			32 NAME				
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
THE		DELETE		The state of the s	Cha	nge Addition	
NAME			4. 2 NAME				
DAME J							
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			4.4 CITY - ST - ZIP				
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STREET ACTORESS CHY+S1-ZIP TPLE		DELETI	4.4 CITY-ST-ZIP 5.1 TITLE		[_] Cha	nge Addition	
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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.

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SIGNATURE:

anature and types of printed name of signing officer on director w Patters and 17/97 941-

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