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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000023417 (5) DOCUMENT #

NYBERG CONSTRUCTION, INC.

Principal Place of Business Mailing Address 466 S.E. CARDINAL TRAIL STUART FL 34997

## **FILED** May 18 1998 8:00am Secretary of State



486 S.E. CARDINAL TRAIL STUART FL 34997 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0562503 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution  $\Box$ Added to Fees 28 Zip Country 8. This corporation owes or has paid the curre nt year Intangible Personal Property Tax due June 30 ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo GIANINO. PETER T 217 E. OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 84 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change \_\_\_ Addition 1.1 TITLE TITLE MYBERG, MATTHEW E. NAME 1.2 NAME 466 SE CARDINAL LTR. 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1 4 CITY - S1 - ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 2.1 TITLE FOWLER, MICHAEL 2.2 NAME 1210 NW PINE LAKE DRIVE STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 THLE MALCOLMSON, ROBERT NAME 3.2 NAME 2328 DIAMOND CT STREET ADDRESS 3.3 STREET ADDRESS **STRUART FL** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NYBERG, BETH A NAME 4, 2 NAME 466 SE CARDINAL TRAIL 4.3 STREET ADDRESS STREET ADDRESS STUART FL CITY-ST-ZIP 4.4 CHY - S1 - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 111LE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filips 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 in fusion 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.