

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000027609 (3)**  
 1. Corporation Name

**TORBEC CONSTRUCTION, INC.**



Principal Place of Business: **5814 HALFMOON LAKE ROAD TAMPA FL 33625**  
 Mailing Address: **5814 HALFMOON LAKE ROAD TAMPA FL 33625**

|   |         |                     |         |   |                                |
|---|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business                              |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21  |         | 26                  |         | 04/01/1995  |                                |
| Suite, Apt #, etc   |         | Suite, Apt #, etc   |         | 4. FEI Number   | Applied for Not Applicable     |
| 22  |         | 27                  |         | 59-3305118  |                                |
| City & State  |         | City & State        |         | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23  |         | 28                  |         | <input type="checkbox"/>  |                                |
| Zip   | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 24  | 25      | 29                  | 30      | <input type="checkbox"/>  |                                |
| 9. Name and Address of Current Registered Agent             |         |                     |         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                |
| WEST, GEORGE V<br>5814 HALFMOON LAKE ROAD<br>TAMPA FL 33625 |         |                     |         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                     |                                |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent             |  |  |  | 10. Name and Address of New Registered Agent |  |
| WEST, GEORGE V<br>5814 HALFMOON LAKE ROAD<br>TAMPA FL 33625 |  |  |  | 81   | Name   |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|   |  |  |  | 83   |  |
|   |  |  |  | 84   | City   |
|   |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person named as registered agent and the applicant. (If both Registered Agent signature requested, then use separate lines.)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WEST, GEORGE V                    | 12 NAME   |   |
| STREET ADDRESS             | 5814 HALFMOON LAKE ROAD           | 13 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            | TAMPA FL 33625                    | 14 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 22 NAME   |   |
| STREET ADDRESS             |                                   | 23 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 24 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 32 NAME   |   |
| STREET ADDRESS             |                                   | 33 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 34 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 42 NAME   |   |
| STREET ADDRESS             |                                   | 43 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 44 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 52 NAME   |   |
| STREET ADDRESS             |                                   | 53 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 54 CITY - ST - ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 62 NAME   |   |
| STREET ADDRESS             |                                   | 63 STREET ADDRESS                                     |   |
| CITY - ST - ZIP            |                                   | 64 CITY - ST - ZIP                                    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George V. West* **6-12-96(813)968-5742**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)