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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

CITY-ST-ZIP

appears in Block 12

SIGNATURE:

DOCUMENT # P95000027967 (5)

C R & SONS CONTRACTORS, INC.

Principal Place of Business Mailing Address					I IDDIIDDI IND IDIID DIII DDIII DDIII DDIII	i matet islat ennen illete minit	1001 1001
2637 NANCY ST SARASOTA FL 34237		P.O. BOX 7761 Sarasota fl 34278-7761 US					
					3. Date incorporated or Qualified 04/05/1995	3a. Date of Last R 07/26/1996	eport
	Place of Business 2a. Mailing Address				4. FEI Number APPLIED FOR	<del>}}</del>	oplied For
21 Suite Act	26           Suite Apt # etc.         Suite, Apt #, etc.				AFFLIED FOR	¢0.75	ot Applicable
22	27				5. Certificate of Status Desired	Fee Re	
City & State	City & State City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00	May Be to Fees
[ Zip	Country	Zip Cour		try	8. This corporation has liability for	intangible tax under s	
24	25	29	30			Yes No	
ļ	9. Name and Address of Curre	nt Registered Agent	1 Name	10. Name and Address of New Registered Agent			
WEBB, CARL A				1,10		····································	
2637 NANCY ST SARASOTA FL 34237				Street Add	dress (P.O. Box Number is Not Accepta	ble)	
			•	3			
			1	4 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						· · · · · · · · · · · · · · · · · · ·	
12.	Signature, typied or printed name of registered ag	ont and title if applicable (NO ID DIRECTORS	13.	Agent signature requ	ured when reinslating)  ADDITIONS/CHANGES TO OFFI	DATE	S IN 12
TITLE	DP OF TOLAS AIN	DELETE	1,1 TiTL		ADDITIONS/CHANGES TO OFFI	Change	Addition
NAME	WEBB, CARL A	C DECENE	1,2 NAM	ſ		Change County	
STREET ADDRESS	2637 NANCY ST		- 1	EET ADDRESS	•		ļ.
	SARASOTA FL 34237						
CITY-S1-ZIP TITLE	DVS	DELETE	2.1 TITL	- ST-ZIP		Change	Addition
NAME	YODER, VERNON R		22 NAM	}			
STREET ADDRESS	8911 WOODMEADOW LOOP			ET ADDRESS			
ነ '	BRADENTON FL 34202		1	<b>\</b>			l
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STREET ADDRESS							
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NAME			6.2 NAN				
STREET ADDRESS			■ 6.3 STR	ET ADDRESS			

6.4 CITY-ST-ZIP

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 carporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name