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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # POCOMO29962

TITAN B	UILDING SERVICES, INC.	``			
Principal Place of Business 424 CENTRAL AVE STE 801 ST. PETERSBURG FL 33701		Mailing Address 424 CENTRAL AVE STE 801 ST. PETERSBURG FL 33701-3842		C 110 (1991 199 1910) BILL SOUT BRITE GRISS BRISS BRISS	ine sikirik kurua ikiria kaci read
-					Date of Last Report 7/10/1996
· ·	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.		59-3304437	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	С	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	
24	25 9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Registers	No Agent
BENNETT, ARTHUR D 424 CENTRAL AVE STE 801 ST. PETERSBURG FL 33701			B3	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida State e of Florida Such change wa gations of, Section 607.0505,	tutes, the above-named cors authorized by the corpora Florida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	al abandina ita saalatarad
	Signal in hyprotocopinal name of registered ag	cent and title if applicable (N ND DIRECTORS	OTE: Registered Agent signature requ	ired when rehislating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. Till f	P	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS P	Change Addition
NAME	BENNETT, ART		1.2 NAME		-
STREET ADDRESS	424 CENTRAL AVE STE 801		1.3 STREET ADDRESS	•	
CITY - ST- ZIP	ST. PETERSBURG FL 33701	Drifte	1.4 CITY - ST - ZIP		Dobres DANGE
TITLE NAME		☐ DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			23 STREET ADDRESS		
COY ST-ZF			2.4 CITY-ST-ZIP		
111.6		DELETE	3.1 TITLE	**	Change Addition
NAME Cross & Apple 199			3.2 NAME		
STREET ACCRESS OUTY-ST-ZIP			3 3 STREET ADDRESS 3 4. CITY-ST-ZIP		
Title		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		į
STREET ADDRESS			4.3 STREET ADDRESS		
Crity-Si-76		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C:TY - S1 - ZiP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME SERFELADDRESS			6.2 NAME 6.3 STREET ADDRESS		,

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). 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 refugred by Chapter 672. Figure Statutes: and that my name appears in Block 12 or Block 13 inchanged, or main attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

IT A

1997

FILED

May 02 1997 8:00am

Secretary of State

Daytime Phone #