## 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

DOCUMENT # P95000030304 (6)

STATEWIDE CONTRACTORS, INC.

Principal Place of Business Mailing Address 901 NORTHPOINT PARKWAY 901 NORTHPOINT PARKWAY SUITE 310 SUITE 310 WEST PALM BEACH FL 33407-1954 WEST PALM BEACH FL 33410 3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1995 04/30/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 1165 N. Ocean Drive 65-0656722 26 Not Applicable Suite, Apt #, etc Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite A 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Riviera Beach Trust Fund Contribution 28 Added to Fees Country Zip This corporation has liability for intangible tax under s. 199.032, Yes 📈 No 4.5.A. 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RATIGAN, SALLY A Pat Di Salvo 901 NORTHPOINT PARKWAY ess (P.O. Box Number is Not Acceptable) 82 SUITE 310 1165 N. OCEAN Drive 83 WEST PALM BEACH FL 33410 City Beach 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 applications of, Section 607,0505, Florida Statutes. SIGNATURE registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TILLE 1.1 TITLE FRANTA, JOHN C NAME 1.2 NAME 901 NORTHPOINT PARKWAY, SUITE 310 1.3 STREET ADDRESS STREET ADDRESS **WEST PALM BEACH FL 33410** City-St 70 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-7H 2 4 CITY-ST-ZIP DELETE Change ☐ Addition THUE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City-St-ZiP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition THILF 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 7(P 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE THILE 6.2 NAME NAMÉ **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST-7IP

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 path; 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

(561)-844-4998

FILED

May 23 1997 8:00am

Secretary of State