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.)					
COR ANNL	PROFIT PORATION JAL REPORT 1996	FLORIDA DEFART Sandra B Secretary DIVISION OF CO	Mortnam of State		• •
DOCUMENT # P95000031631 (1)					
. T & L CONSTRUCTION CORPORATION				E INDIANA NI INDIA DINI BANK DAKA	BOGGO HING HOND BINDO HING HING HERT
Principal Place of Business Mailing Address					07700 AADI 11070 01700 11701 1181 ABD
230 RAWLES AVE SARASOTA FL 34236 SARASOTA FL 34236			3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pl	LHDDN055 ace of Busings DUF	2a. Mailing Address		04/18/1995 4) El Number	Applied For
21 / 5 / 5 Suite, Apt. 1	** e C D	Suite, Apt #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
City & State	$11/2$ \times $12/2$	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip /	9. Name and Address of Current R		Country 50	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Region 1. This corporation has liability for in Florida Statutes.	Yes No
	BLANC, CARL G RAWLES AVE		81 Name 82 Street Addr	ess (P.O. Box Number is Not Acceptable	
SARASOTA FL 34236			83		,
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules,			84 City		FL 85 Zip Code
Office or re	gistered agent, or both, in the State of F n familiar with, and accept the obligation	Ionda, Such change was aut	horized by the comoratic	oration supports this statement for the pur on's board of directors. Thereby accept t	ie appointment as registered
	Signature it specifior proton literate of regulated a gent an OFFICERS AND D		Roginlered Agent signature require 13.	d when recishing) ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTORS IN 12
TITLE	D	DEFELE	1 1 TITLE	The state of the s	RS AND DIRECTORS IN 12 Change Addition 600
NAME Street address	LE BLANC, CARL G		12 NAME		34
CITY - ST - ZIP	6305 BIKINI RD SARASOTA FL 34241		1.3 STREET ADDRESS 1.4 CHY-ST-ZiP		ZE
TITLE	D	DELETE	2 1 TITLE		Change Add:tion
NAME	THERIAULT, BRIAN		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	5842 LEONARD AVE NIAGRA FALLS, ONTARIO, CAN.		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE	0	DELETE	31 THE -		Change Addition
NAME STORET ADDRESS	LE BLANC, JOSEPH C		3.2 NAME		
STREET ADDRESS DITY-ST-ZIP	6168 NICOLE CT SARASOTA FL 34243		3.3 STREET ADDRESS 3.4 CITY - ST- ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CHY+ST+ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRESS		
TITLE	The state of the s	DELETE	5 4 CHY+ST-ZIP 6 1 INLE		Change Addition
NAME			6.2 NAME	100001901 -07/30/960101	(2 51
STREET ADDRESS			6.3 STREET ADDRESS	***233.75	. 011
CITY ST-ZIP 14. I do hereb	y certify that the information supplied wi	th this filing is voluntarily furni	64 City Styzin shed and does not qualit	fy for the exemption stated in Section 119	0.07(3)(k) Florida Statutos 1
made und	ury that the information indicated on this er oath, that I am an officer or director of	annual report or supplement the corporation or the receiv	al annual report is true ar er or trustee emoowered	nd accurate and that my signature shall to execute this report as required by Ch	name the compalated biffs are as if
that my na	me appears in Block 13 if ch	anged, or on an attachment v	with an address	1/12/	/ A:-
SIGNATURE: X SIGNATURE AND TYPEO OR PHINTED MAND OF SIGNING OFFICER OR DIRECTOR					