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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000037486 (4)

1. Corporation Name

BEDROCK CONSTRUCTION AND REPAIR, INC. OF FLORIDA



Principal Place of Business

Mailing Address

~~0471 TONI DR~~
~~MIAMI FL 33157~~

~~0471 TONI DR~~
~~MIAMI FL 33157-6750~~

2. Principal Place of Business

2a. Mailing Address

21 880 SANCTUARY RD.
Suite, Apt. #, etc.

26 880 SANCTUARY RD
Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAPLES FL
Zip Country

28 NAPLES, FL
Zip Country

24 34120 25 USA

29 34120 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0577570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

RHINEHART, ROBERT H

~~0471 TONI DR~~

~~MIAMI FL 33157~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 880 SANCTUARY RD

84 City

NAPLES

FL

85 Zip Code
34120

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME RHINEHART, ROBERT H

STREET ADDRESS ~~0471 TONI DR~~

CITY - ST - ZIP ~~MIAMI FL~~

TITLE VS ☐ DELETE

NAME MARTIN, MARIE

STREET ADDRESS 8829 SW 130TH PL

CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert H. Rhinehart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 941-658-2193
Date Daytime Phone #

0216418

CR2E034 (9/96)