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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

H ORIDA DEPARTMENTEDE STATE

Sandra B. Mori

**FILED** 

Apr 29 1998 8:00am

Secretary of State

Secretary of St

DIVISION OF CORPORATIONS

**DOCUMENT** # P95000037486 (4)

BEDROCK CONSTRUCTION AND REPAIR, INC. OF FLORIDA

Principal Place of Business Mailing Address 880 SANCTUARY RD 880 SANCTUARY RD NAPLES FL 34120 NAPLES FL 34120 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0577570 Not Applicable Sulte, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 RHINEHART, ROBERT H 880 SANCTUARY RD Street Address (P.O. Box Number is Not Acceptable) 82 **NAPLES FL 34120** 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE NAME RHINEHART, ROBERT H 1.2 NAME 880 SANCTUARY RD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE NAME MARTIN, MARIE 2.2 NAME 8829 SW 130TH PL 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami Fl 2.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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. Or LII Direct -