

DOCUMENT # **09560005 1923**

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90026 006 ***150.00

1. Entity Name

T & R CONSTRUCTION, INC.

Principal Place of Business Mailing Address

220 W. Brandon Blvd, #101
Brandon, Florida 33511

658545

2. Principal Place of Business

627 SANDRIDGE RD

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE.

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City & State
VALRICO FLORIDA

City & State

4. FEI Number

Applied For
Not Applicable

Zip
33594

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUSKA, MARY
220 W. Brandon Blvd
Brandon FL 33511

Name
Roger Lowe

Street Address (P.O. Box Number is Not Acceptable)
627 SANDRIDGE RD

City
VALRICO FL Zip Code
33594

8. The above-named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: **Rodger K. Lowe**

SIGNATURE: **RODGER K. LOWE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Luska, Mary Delete
220 W. Brandon Blvd
Brandon FL 33511

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
Roger Lowe President
627 SANDRIDGE RD
VALRICO FL 33594

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Rodger K. Lowe**

SIGNATURE: **RODGER K. LOWE**

Date
4/30/01

Signature and typed or printed name of signing officer or director

Date