

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000063226 (1)**

1. Corporation Name
CONTRACTORS, UNLIMITED, INC.



Principal Place of Business: **3308 Lincoln Blvd FT MYERS FL 33902**
Mailing Address: **3308 Lincoln Blvd FT MYERS FL 33902**

3. Date Incorporated or Qualified: **08/15/1995**
3a. Date of Last Report

2. Principal Place of Business: **3308 Lincoln Blvd**
2a. Mailing Address: **3308 Lincoln Blvd**
21. Suite, Apt. #, etc.
22. City & State: **St. Myer, FL**
23. Zip: **33916** Country: **FLA**
24. Zip: **33916** Country: **FLA**

4. FEI Number: **261-22-5242**
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

9. Name and Address of Current Registered Agent
SMITH, HORACE
3308 Lincoln Blvd
39 MILDRED DR
FT MYERS FL 33902

10. Name and Address of New Registered Agent
81. Name: **Same**
82. Street Address (P.O. Box Number is Not Acceptable): **Same**
83. City & State: **Same**
84. City: **St. Myer, FL** 85. Zip Code: **33916**

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]* DATE: **May 24th 96**

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: SMITH, HORACE	<input type="checkbox"/> DELETE
STREET ADDRESS: 39 MILDRED DR	CITY-STATE-ZIP: FT MYERS FL 33902	
TITLE: D	NAME: BYERS, STEVE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 39 MILDRED DR	CITY-STATE-ZIP: FT MYERS FL 33902	
TITLE: 1st. Pres.	NAME: Sharon S Smith	<input type="checkbox"/> DELETE
STREET ADDRESS: 2267 French St. St. Myer, FL	CITY-STATE-ZIP: 33916	
TITLE: 2nd. Pres.	NAME: Debra A Smith	<input type="checkbox"/> DELETE
STREET ADDRESS: 2267 French St. St. Myer, FL	CITY-STATE-ZIP: 33916	
TITLE: Sec.	NAME: Ruth E. Coopers	<input type="checkbox"/> DELETE
STREET ADDRESS: 3318 Lincoln Blvd St. Myer, FL	CITY-STATE-ZIP: 33916	
TITLE: Asst. Pres.	NAME: Alfred L Smith	<input type="checkbox"/> DELETE
STREET ADDRESS: 3318 Lincoln Blvd St. Myer, FL	CITY-STATE-ZIP: 33916	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* DATE: **May 24th 96** **339 5282**

CR2E034 (12/95)