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

CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # P95000064792 (1)

1. Corporatio	ST CONSTRUCTION SERV		OZ (1)	,					1811.1 84 1.11 1 .611.1	8 888 6 1011 1	1888 (8188 1989 1889)
Principal Place	e of Business	Mailing Addr						.# (0. # AM () A			
O JPYSYPA K KXONANKOK	A DAGADX	X MAKAKA XX XXMANARA XX	X SKAN KUKOKWU XX SKAN KUKOKWU								
LAKE MARY, FL 32746 2. Principal Place of Business		LAKE MA	214 BENTREE CR. LAKE MARY, FL 32746				Date Incorporate 08/21/199		3a. Date	of Last F	Report
21		2a. Mailing A	2a. Mailing Address 26				El Number 9-33363	57	L		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Ap				5. C	Certificate of Stat	us Desired			5 Additional Required
City & State		28					lection Campaig rust Fund Contri				00 May Be ed to Fees
Zip 24	Country 25	7 _{ip}	30 Coun			Florida Statutes		☐ Yes	ity for intangible tax under s 199.032, ☐ Yes ☐ No		
	9. Name and Address of Curre	ent Hegistered Age	กt 			10. 1	Name and Addr	ess of New	Registered	Agent	
	ER, CHARLES W			81 82	Name Street A	Address (P.O	. Box Number is	Not Accepta	ble)		
	AST COLONIAL DRIVE, SUITE 2 NDO FL 32803	200		83							
				84	City				FI	85 Z	ip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	2 and 607,1508, Flo ida. Such change w tion 607,0505, Florid	rida Statutes, t as authorized b	the above-r by the corp	named cor oration's l	rporation sub poard of direc	omits this statem ctors. I hereby a	ent for the pu coept the app	irpose of cha pointment as	nging its registerer	registered office d agent. I am
SIGNATURE			o o o o o o o o o o o o o o o o o o o				<u> </u>				
12.	Signature, typed or pouted name of regis cred ager	it and title if applicable ND DIRECTORS	(NO)E: F		t signature re	quired when reinst			DATE		
TITLE	PRESIDENT		DELETE	13.		A[DDITIONS/CHAN	IGES TO OFF			
NAME	DAVID R. FROST			1. 1 TITLE 1.2 NAME					L] Change	☐ Addition
STREET ADDRESS	214 BENTREE CIRCLE										ł
CITY-ST-ZIP	LAKE, MARY, FL 32746			1.3 STREET ADDRESS							
TITLE	Dake, Inki, III 92		ELFTE	1.4 CHY-ST 2 1 THE	1-ZIP				······································		F-1 ()
NAME		ш-		2.2 NAME					L] Change	Addition
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CITY-ST-ZIP				2.4 CITY - S1							ļ
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NAME				3.2 NAME	1				_	1 onlinge	L] Madridii
STREET ADDRESS				3.3. STREET	ADDRESS						
CITY - ST - ZIP				3.4 CITY-\$1	- 1						
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CITY-ST-ZIP				4.4 CITY - \$1	- ZIP						
TITLE		□ DI	ELETE	5 1 TOLE					Ē] Change	Addition
NAME				52 NAME						-	-
STREET ADDRESS				53 STREET A	ADDRESS						
CITY-ST-ZIP		·····		5 4 C-TY-ST	- ZiP						
TITLE		DI	LETE	6 1 TITLE] Change	Addition
NAME OTRECT ADDRESS				6.2 NAME							1
STREET ADDRESS				6.3 STREET A	ADDRESS						
CITY - ST - ZIP				6.4 CITY-ST	- 71P						i

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David R. 44
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 401-839-6530