FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 09 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 # **P95000074305 (0)**

1. Corporation Name
CONTRACTORS SPECIALTIES, INCORPORATED

Principal Place of Business	Mailing Address
284 CLEARLAKE RD COCOA FL 32922 US	4835 CURTIS BOULEVARD PORT ST. JOHN FL 32927-8365

3. Date Incorporated or Qualified: 09/25/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26 284 CLEARLAKE RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. COCOA, FL.
23 City & State	28 City & State 32922
24 Zip / 25 Country	29 Zip / 30 Country US

4. FEI Number: 59-3336898 ☐ 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

9. Name and Address of Current Registered Agent

LENN, KATHLEEN A
4835 CURTIS BOULEVARD
PORT ST. JOHN FL 32927

10. Name and Address of New Registered Agent

81 Name: TAMMY L. BURT
82 Street Address (P.O. Box Number is Not Acceptable)
83: 880 ALFORD ST.
84 City: TITUSVILLE FL 85 Zip Code: 32796

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: TAMMY L. BURT — Signature, typed or printed name of registered agent and title if applicable
Tammy L. Burt — (NOTE: Registered Agent signature required when reinstating)
DATE: 4-28-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LENN, KATHLEEN A		1.2 NAME	TAMMY BURT	
STREET ADDRESS	4835 CURTIS BOULEVARD		1.3 STREET ADDRESS	880 ALFORD ST.	
CITY-ST-ZIP	PORT ST. JOHN FL 32927		1.4 CITY-ST-ZIP	TITUSVILLE, FL. 32796	
TITLE	ST	☒ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	TAMMY BURT		2.2 NAME	TERESA PETERS	
STREET ADDRESS	880 ALFORD ST		2.3 STREET ADDRESS	3615 E. POUDERHORN	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	TITUSVILLE, FL. 32796	
TITLE		☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME			3.2 NAME	THOMAS C. BURT	
STREET ADDRESS			3.3 STREET ADDRESS	880 ALFORD ST.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: TAMMY L. BURT — Tammy L. Burt — 4-28-97 (407)639-6544