## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

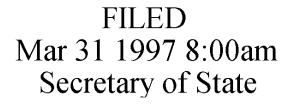
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## DOCUMENT # P95000075771 (2)

P.L.A.N. ESTIMATING SERVICES, INC.





Delegation   Disc	a of Ducknoon	Majti	on Address							
Principal Place of Business Mailing Address  10 WOODFORD LANE										
19 WOODFORD LANE PALM COAST FL 32164  19 WOODFORD LANE PALM COAST FL 32164-7926										
							A Data languaged of Confederal	1 00 00	ite of Last	t Donast
							<ol> <li>Date Incorporated or Qualified</li> <li>09/29/1995</li> </ol>			•
2. Principal Place of Business 2a, Mailing Ac				Address						Applied For
21		26	•				59-3391797			Not Applicable
			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			
22 27							Fee Required			
City & State City & State				de			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Country	28	in.	Cou	otru	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			
Zφ ]	<u> </u>	29	ip	30	ншу		<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	intangible ☐ Yes [		rs. 199.032,
24	25   g, Name and Address of Cur		ed Agent	30			10. Name and Address of New R			
ARA	CI, LORI				81	Name				
	YOODFORD LANE				82	Caroot Arda	Iron (D.O. Boy Number in Not Accord	hla)		
PALM COAST FL 32164					92	Street Add	ress (P.O. Box Number is Not Acceptable)			
					84	City			85 Z	ip Code
						•	poration submits this statement for the tition's board of directors. I hereby acc	FL		,
12.	Signature typed or printed name of registeres OFFICERS	AND DIRECT		E Registere	d Age	nt eignature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12
TIFLE	D	AND DIRECT	DELETE	1.1 Ti	TL€		ADDITIONS/CHANGES TO OFF	ICENS AIN	Chang	
MAIME	GRACI, LORI			1.2 N	AME					
STREET ADORESS	19 WOODFORD LANE			1.3 \$	TREET	ADDRESS				
C-TY-ST-7/P	PALM COAST FL 32164			1.4 C	ITY - S	ST - Z(P				
THLE			DELETE	2.1 10	TLE				Chang	ge 🔲 Addition
NAME				2.2 N	AME					
STREET ADDRESS				1		ADDRESS				
CITY - ST - 7IP			DELETE			ST-ZIP			Chann	e Addition
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NAM?						ADDRESS				
STREET ADDRESS ONLY ST-797						ST-ZIP				
THIE STATE			DELETE	4.1 7/		U1 4H			Chang	ge Addition
NAME.				4.21	IAME					
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COY ST-ZIP				4.4 C	ITY-S	ST-ZIP				
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NAME				5.2 N		1				
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TITLE			DELETE	61 Ti		ļ			Chang	ge Addition
NAME				62 N		, innereds				
STREET AUDRESS						ADDRESS				
CHY-ST ZIP	i .			■ 64C	11Y - S	ST - Z(P				

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 efficer 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: