

**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 # **P95000075850 (4)**

1. Corporation Name

**DOUBLE M CONSTRUCTION CORP.**



Principal Place of Business

**2120 RANGE ROAD  
CLEARWATER FL 34625**

Mailing Address

**2120 RANGE ROAD  
CLEARWATER FL 34625**

3. Date Incorporated or Qualified

**09/25/1995**

3a. Date of Last Report

2. Principal Place of Business

21  
Suite, Apt. #, etc.

22  
City & State

24  
Zip

25  
Country

2a. Mailing Address

26  
P.O. Box 5145  
Suite, Apt. #, etc.

27  
City & State

29  
Zip

30  
Country

**34618-5145**

**USA**

**Clearwater FL**

4. FEI Number

**105-0625447**

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

**GRECO, FRANK J  
1715 N. WESTSHORE BOULEVARD  
SUITE 750  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*Michael Montana*

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTANA, MICHAEL</b>	
STREET ADDRESS	<b>2120 RANGE ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAITO, LEO F III</b>	
STREET ADDRESS	<b>2120 RANGE ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLORO, ELIO F III</b>	
STREET ADDRESS	<b>2120 RANGE ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34625</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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, unchanged, or on an attachment with an address.

SIGNATURE:

*Michael Montana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E084 (12/95)