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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # POSOCOLA (E)

1. Corporation	CONSTRUCTION, INC.	1000938 (D)		1 1011/18 16 11		i: 00101 11011 11110 10	
Poncipal Plac	e of Business	Mailing Address	·		1818		
502 W. HILD BRANDON F		502 W. HILDA DRIVE BRANDON FL 33510					
2 O ocioel F				11/08/19		3a. Date of Last	Report
	Place of Business AMERICAN CENTER PLACE	28. Mailing Address	Paris D.	4. FEI Number	3342438	,	Applied For
Suite Apt.	. #, etc	Suite, Apt. #, etc.	CENTUL (CA	1			Not Applicabl 5 Additional
22 56	11TE 109	27 SUITE	109	5. Certificate of	Status Desired [Required
Oity & Stat 23	MPA, FLA	City & State 28 TAMPA	FLA.	6. Election Cam Trust Fund Co	, , ,		00 May Be ed to Fees
4 336	Country	^{Zip} 33619	Country 30 4,5,A.	8. This corporat	ion has liability for inta es X Yes [s 199.032,
7 '	9. Name and Address of Current	1=-1			ddress of New Reg		
		. , ,	81 Name				
	WEBBER, MARY E				er is Not Acceptable)		· t-1
	LUMSDEN ROAD						
BRANDO	ON FL 33511		83				
			84 City			85 2	ip Code
S:GNATURE	red agont, or both, in the State of Florida th, and accept the obligations of, Section Separate steed or are ted rights of right ered agont an	d the if any walk. (NOT)	. Registered Agunt signature re	quired when reinstatings		DATE	
12 . ՄԱՄ	OFFICERS AND I		13.		HANGES TO OFFICE		
MAME	ALDRIDGE, PAUL M SR.	☐ DELETE	1 1 TITLE	P		Change	Addition
STREET ADDRESS	502 W. HILDA DRIVE		1.2 NAME 1.3 STREET ADDRESS				
CHEY-SI-ZIF	BRANDON FL 33510		1.4 CHTY-ST-ZIP				
TILF	D	☐ DELETE	2 1 TITLE	S		Change	☐ Addition
MAN	ALDRIDGE, SANDRA L		2 2 NAME				_
STREET ADDRESS	502 W. HILDA DRIVE		2 3 STREET ADDRESS				
DOLY <u>Styzip</u> Dole	BRANDON FL 33510	□ DELETE	2.4 CITY-ST-ZIP	v		(PD As	F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME	ALDRIDGE, PAUL M JR.	□ bece de	3 1 TITLE 32 NAME	•		Change	Addition
STREET ADDRESS	502 W. HILDA DRIVE		33 STREET ADDRESS				
CHY-S1-ZIP	BRANDON FL 33510		3 4 CITY-ST-ZIP				
TILE	D	☐ DELETE	4 1 TITLE	T		Change Ch	Addition
:AME	ALDRIDGE, ALLISON M		4.2 NAME			•	
STREET ADDRESS	110 BROOK HILL DRIVE		4.3 STREET ADDRESS				
DITY-ST ZIP TITLE	HOCKESSIN DE 19707	DELETE	4.4 C(TY - ST - Z(P			P=	
IAMÉ		C orrest	5 1 TITLE 5 2 NAME			☐ Change	Addition
EIREET AODRESS			5.3 STREFT ADDRESS				
CHY ST ZP			5.4 City - St - ZiP				
TILF		DELETE	6 1 THE			[7] Channa	☐ Addition

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 arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAM:

STREET ADDRESS.

C(1Y - S1 - Z(P

SIGNATURE AND TYPED OR PRINTED NAME

(813)612-8343