

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000090519 (6)

1. Corporation Name

NATURE COAST CONSTRUCTION CORP.



Principal Place of Business

4144 ROWAN RD.  
NEW PORT RICHEY FL 34653

Mailing Address

4144 ROWAN RD.  
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified  
01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4392 BROOKER CREEK DRIVE

27 4392 BROOKER CREEK DRIVE

City & State

City & State

23 PALM HARBOR, FLORIDA

28 PALM HARBOR, FLORIDA

Zip

Country

Zip

Country

24 34685

25 USA

29 34685

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, TODD W  
4144 ROWAN RD.  
NEW PORT RICHEY FL 34653

81 Name

TODD W. ZIMMERMAN

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

4392 BROOKER CREEK DRIVE

83

84 City

PALM HARBOR

FL

85 Zip Code

34685

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

*Todd W. Zimmerman*  
Signature, typed or printed name of registered agent and title if applicable

TODD W. ZIMMERMAN

(NOTE: Registered Agent signature required when reinstating)

APRIL 18, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PRESIDENT/CEO~~ ☐ DELETE  
NAME ~~TODD W. ZIMMERMAN~~  
STREET ADDRESS ~~4392 BROOKER CREEK DRIVE~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34685~~

TITLE ~~PRESIDENT/CEO/SECRETARY/TREAS~~ ☐ DELETE  
NAME ~~TODD W. ZIMMERMAN~~  
STREET ADDRESS ~~4392 BROOKER CREEK DRIVE~~  
CITY-ST-ZIP ~~PALM HARBOR, FL 34685~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001856074  
-06/07/96--01077--002  
\*\*\*200.00

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 1996 (813) 787-4644

Date

Daytime Phone #

CR2E034 (12/95)