

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000092602 (8)

1. Corporation Name

CONSTRUCTION MANAGEMENT SERVICES, INC. OF SEMINOLE  
LE

Principal Place of Business

7548 124TH STREET, NORTH  
SEMINOLE FL 34642

Mailing Address

PO BOX 3883  
SEMINOLE FL 33775-3883

2. Principal Place of Business

21 1916 14th STREET

Suite, Apt. #, etc.

22 SUITE 205-206

City & State

23 TAMPA, FL

Zip

24 33605

Country

25 USA.

2a. Mailing Address

26 1916 14th STREET

Suite, Apt. #, etc.

27 SUITE 205-206

City & State

28 TAMPA, FL

Zip

29 33605

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LENNIE, DAVID J  
7548 124TH STREET, NORTH  
SEMINOLE FL 34645

3. Date Incorporated or Qualified

12/06/1995

3a. Date of Last Report

05/03/1996

4. FEI Number

59-3347037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name LENNIE, DAVID J.

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

1005 SILVER PALM WAY

83

84

City APOLLO BEACH,

FL

85 Zip Code

33572

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

*David J. Lennie*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LENNIE, DAVID J  
STREET ADDRESS 7548 124TH STREET, NORTH  
CITY-ST-ZIP SEMINOLE FL 34645

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1005 SILVER PALM WAY

1.4 CITY-ST-ZIP APOLLO BEACH, FL 33572

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002246086

-07/24/97--01003--030

\*\*\*165.00

500002246085

-07/24/97--01003--029

\*\*\*385.00

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

*David J. Lennie*

6/25/97

813-747-1117

FILED  
Jul 23 1997 8:00am  
Secretary of State



CR2E034 (9/96)