

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # P95000092602 (8)

1. Corporation Name

CONSTRUCTION MANAGEMENT SERVICES, INC. OF SEMINO
LE

Principal Place of Business

Mailing Address

1916 14TH STREET
SUITE 205-206
TAMPA FL 33605

PO BOX 3883
SEMINOLE FL 34645

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

59-3347037

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1901 North 13th St.

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33605

Country

25

2a. Mailing Address

26 1901 North 13th St.

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33605

Country

30

9. Name and Address of Current Registered Agent

LENNIE, DAVID J
1005 SILVER PALM WAY
APOLLO BEACH FL 33572

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
LENNIE, DAVID J
STREET ADDRESS 1005 SILVER PALM WAY
CITY-ST-ZIP APOLLO BEACH FL 33572

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 JOHN P. GILBERT
1.3 STREET ADDRESS 3605 JIM KIM LANE
1.4 CITY-ST-ZIP LANGLAND, FL 33813

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME CARLOS B. DESOUSA
2.3 STREET ADDRESS 10805 GANDY BLVD., APT NO. 1407
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DAVID R. SCHULTZ
3.3 STREET ADDRESS 7551 MASON CREEK DR
3.4 CITY-ST-ZIP VALDICO, FL 33594

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

14. I 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.

CR2E034 (10/97)

SIGNATURE [Signature] 4/29/98 8:3747-6112