

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90172 042 ***150.00

DOCUMENT # P95000092602

1. Corporation Name

**CONSTRUCTION MANAGEMENT SERVICES, INC. OF SEMINO
LE**

Principal Place of Business

1901 N 13TH ST
SUITE ~~205-206~~ **5202**
TAMPA FL 33605
US

Mailing Address

1901 N 13TH ST
TAMPA FL 33605
US

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

Suite 5202

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 5202

City & State

28

Zip

29

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 **PD** ☐ DELETE

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

TITLE **V** ☒ DELETE

NAME **GRUBERT, J P**
STREET ADDRESS **3605 JIM LN**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **V** ☐ DELETE

NAME **DESOUZA, C B**
STREET ADDRESS **10265 GANDY BLVD, APT 1407**
CITY-ST-ZIP **ST PETE FL 33702**

TITLE **V** ☐ DELETE

NAME **SCHULTE, D R**
STREET ADDRESS **2551 MASON OAKS DR**
CITY-ST-ZIP **VALRICO FL 33594**

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 **P** ☒ 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

**10128 Somersby Drive
Riverview, FL 33569**

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, with all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99
Date

(813) 247-6112
Daytime Phone #

CR2E034 (1/98)