

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000027738 (9)

1. Corporation Name

ACKERMAN CONSTRUCTION, INC.



Principal Place of Business

2027 MORNINGSDRIVE
CLEARWATER FL 34624

Mailing Address

2027 MORNINGSDRIVE
CLEARWATER FL 34624

3. Date Incorporated or Qualified

03/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 478 STILL MEADOWS CIR. S.

Suite, Apt. #, etc.

22 City & State
23 PALM HARBOR, FL.

24 Zip 34683-5136 25 Country

2a. Mailing Address

26 478 STILL MEADOWS CIR. S.

Suite, Apt. #, etc.

27 City & State
28 PALM HARBOR, FL.

29 Zip 34683 30 Country

4. FEI Number

59-3369225

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name DANIEL K. ACKERMAN
82 Street Address (P.O. Box Number is Not Acceptable)
478 STILL MEADOWS CIRCLE S.
83
84 City PALM HARBOR FL 85 Zip Code 34683

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 *Daniel K. Ackerman* DANIEL K. ACKERMAN (PRES) 4-11-97

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	PTD	<input type="checkbox"/> DELETE
NAME	ACKERMAN, DANIEL K	
STREET ADDRESS	2027 MORNINGSDRIVE	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ACKERMAN, LINDA J	
STREET ADDRESS	2027 MORNINGSDRIVE	
CITY - ST - ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	478 STILL MEADOWS CIR. S.
1.4 CITY - ST - ZIP	PALM HARBOR, FL. 34683-5136
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	478 STILL MEADOWS CIR. S.
2.4 CITY - ST - ZIP	PALM HARBOR, FL. 34683-5136
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Daniel K. Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL K. ACKERMAN

4-11-97 813-789-2039

Date Daytime Phone #

CR2E034 (9/96)