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Feb 28 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 # P96000064438 (0)

1. Corporation Name

CAPITAL CONSTRUCTION SERVICES SOUTH, INC.

Principal Place of Business

1704 NORTH DIXIE HIGHWAY, SUITE 2
LAKEWORTH FL 33460

Mailing Address

1704 NORTH DIXIE HIGHWAY, SUITE 2
LAKEWORTH FL 33460-6561

3. Date Incorporated or Qualified

08/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 5913 S. DIXIE HWY.,

2a. Mailing Address

26 5913 S. DIXIE HWY.

4. FEI Number

65-0682729

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 2E

Suite, Apt. #, etc.

27 # 2E

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 WEST PALM BEACH, FL.

City & State

28 WEST PALM BEACH, FL.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33405

Country

25 USA

Zip

29 33405

Country

30 USA

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME RONK, GREGORY M
STREET ADDRESS 1704 NORTH DIXIE HIGHWAY, SUITE 2
CITY-ST-ZIP LAKEWORTH FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME RONK, GREGORY M.
1.3 STREET ADDRESS 5913 S. DIXIE HIGHWAY, SUITE 2E
1.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33405

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

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; 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. I am an attachmen with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

Date

561-588-3141

Daytime Phone #

CR2E034 (9/96)