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FILED  
Mar 19 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 # P96000069185 (2)

1. Corporation Name

C & S CONTRACTING GROUP, INC.

Principal Place of Business

15998 LEMACK ROAD  
DADE CITY FL 33525

Mailing Address

POST OFFICE BOX 1184  
DADE CITY FL 33526-1184

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 33523

Country

24

2a. Mailing Address

26

15998 Lemack Rd.

Suite, Apt. #, etc.

27

City & State

28

Dade City Fl.

29

Zip 33523

Country

30

U.S.

3. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
08/20/1996

3a. Date of Last Report  
8-20-96

4. FEI Number

59-3395884

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

10. Name and Address of New Registered Agent

81 Name

Chad C. Douberley

82

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

15998 Lemack Rd.

83

84

City Dade City

FL

85

Zip Code 33523

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

Chad C. Douberley Chad C. Douberley President

1-15-97

Signature, typed or printed name of registered agent and its applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME DOUBERLEY, CHAD C  
STREET ADDRESS 15998 LEMACK ROAD  
CITY-ST-ZIP DADE CITY FL 33525

TITLE VSD ☐ DELETE

NAME DOUBERLEY, SUSAN L  
STREET ADDRESS 15998 LEMACK ROAD  
CITY-ST-ZIP DADE CITY FL 33525

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

1.4 CITY-ST-ZIP

Dade City Fl 33523

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Dade City Fl 33523

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 Chad C. Douberley

CR2E034 (9/96)