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Jan 29 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 # P96000079303 (9)

1. Corporation Name
VICTORY CONSTRUCTORS, INC.



Principal Place of Business
4718 STONE POINT
TAMPA FL 33643

Mailing Address
4718 STONE POINT
TAMPA FL 33634-6275

3. Date Incorporated or Qualified
09/24/1996

3a. Date of Last Report

2. Principal Place of Business
21 4718 STONEPOINT PL
Suite, Apt. #, etc.

2a. Mailing Address
26 4718 STONEPOINT PL
Suite, Apt. #, etc.

4. FEI Number
59-3408834

Applied For
Not Applicable

22 City & State
23 TAMPA FL

27 City & State
28 TAMPA FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 33634

25

29 33634

30

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

10. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RIOS, JAMES
STREET ADDRESS 4718 STONE POINT
CITY-ST-ZIP TAMPA FL 33643

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4718 STONEPOINT PL.
1.4 CITY-ST-ZIP

TITLE D
NAME RIOS, LYNN
STREET ADDRESS 4718 STONE POINT
CITY-ST-ZIP TAMPA FL 33643

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4718 STONEPOINT PL.
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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:

Lynn H. Rios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 871-3323
Date Daytime Phone #

CR2E034 (9/96)