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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000084149 (9)** 

PROFESSIONAL CONSTRUCTION SERVICES, INC.

**FILED** 

Jun 04 1997 8:00am

Secretary of State

1 minimar nac	Se of Business	Maining Address				••••			
9000 SUBLETTE AVENUE ORLANDO FL \$2819		0902 SUBLETTE AVENUE Orlando Fl 32838-6346			,				
						3. Date Incorporated or Qualified 10/09/1996	3a. Date	e of Last F	Report
	Place of Business	2a. Mailing Address	20. Mailing Address			4. FEI Number	<u> </u>	<b>X</b> A	pplied For
21		26				Not Applicable			
Suițte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional equired
City & Sta	te	City & State	<del></del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip	Gour 30	ntry		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
	9. Name and Address of Curre					10. Name and Address of New Re	<u>-</u>		
RILE	EY, <b>ROBE</b> RT W JR		1	81	Name	,			
9902 SUBLETTE AVENUE ORLANDO FL 32819				B2	Street Ad	ldress (P.O. Box Number is Not Acceptab	de)		
V. 7.			Ī	83					
*			1	84	City		FL	<b>85</b> Zip	Code
11. Purpuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	tes, the abi	ove	named co	orporation submits this statement for the p	urnose of o	hanging i	its registered
agiont. I a	am familiar with, and accept the oblin	ations of, Section 607.0505, Fl	orida Statu	ites.	·	ration's board of directors. I hereby accep	it the appo	A	a registored
SIGNATURE	helend a glily	1				9	/- 30 -	<u>97                                    </u>	
12.	Signature, typed or printed name of registered as	ND DIRECTORS (NO	11. Hegistered .	Ager	il signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE			RS IN 12
TITLE	D. R. 7. S.	DELETE	1.1 1111	LE		ADDITION OF THE PROPERTY OF THE		Change	Addition
NAME	D.P. T.S. Robert RIVEY JE 9902 Sublitu Are OMANDO, FC. 328		1,2 NAME						
STREET ADDRESS	9902 Sublette Are	-	1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	ONLANDO, FC. 325	36	1.4 CHY-ST-ZIP		-7IP				
TITLE		21 1110	.E				Change	Addition	
NAME	)		2.2 NAN		]				
STREET ADDRESS			2.3 STR	EET A	ADDRESS				
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NAME			3.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CIT 4.1 TITL		1-7P		<del></del>	Change	Addition
NAME		C DELETE	4, 2 NAI		ĺ		L	\	
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			4.4 CITY		- 1				
TITLE		DELETE	5.1 T(TL					Change	Addition
NAME			5.2 NAN	Æ		•			
STREET ADDRESS			5.3 STR	EE1 A	ADDRESS				
CITY-ST-ZIP			5.4 CITY	Y-S1	- ZIP				
MITE 684	DELETE		6.1 TITL	E				Change	Addition
NAME	. (f)		6.2 NAA	ΛE	1				
STREET ADORESS	T 42 1		6.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			6.4 CITY			ed in Section 119 07/3Vi). Florida Statuto			
38 I MA 500					antion stat	oa w kootoo 110 07/970. Eleide Cieble			

• r do nereby certify that the information supplied with this fifing 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.

IGNATURE: 1. 1. 18/18/18/18/19/19 47.345-478/