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

Mailing Address

3711 CORTEZ RD W. SUITE 300

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3711 CORTEZ RD W. SUITE 300



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099427 (2)

PEP CONSTRUCTION COMPANY

BRADENTON FL 34210 **BRADENTON FL 34210-3108** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite. Ant. #. etc. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zipi Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Palmieri, Paul E 3711 CORTEZ RD W, SUITE 300 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34210** 83 84 City 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 Signal ire, typical or printed name of registered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change ___ Addition PSTD 1.1 TITLE TELL PALMIERI, PAUL E 1.2 NAME NAME 3711 CORTEZ RD W, SUITE 300 13 STREET ADDRESS STREET APORESS BRADENTON FL 34210 CHY-ST-ZH 1.4 CITY-ST-ZIP DELETE Change Addition THUE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STPEET ADORESS OTY-51-7# 2 4 CITY-ST-ZIP DELETE Change Addition 31111 31 TITLE NAME 32 NAME

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 suppliemental 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 charged, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

34 CITY-ST-ZIP

41 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADORESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS City- St. 200

STREET ADDRESS

STREET ADDRESS City - \$1-21P

STREET ADDRESS

CHY-ST-ZIP

THE

THUE

NAME

THUE

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

941 755 4598

FILED

Feb 28 1997 8:00am

Secretary of State

Daytime Phone # 0006804

Change

Change

___ Change

Addition

Addition

Addition