1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000042183

1. Corporation Name

FLORIDA STRAITS CONSTRUCTION SERVICES INC

Principal Place of Business Mailing Address  127 INDUSTRIAL ROAD SUITE A BIG PINE KEY FL 33043  Mailing Address  127 INDUSTRIAL ROAD SUITE A BIG PINE KEY FL 33043									DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified					
										05/13/1997				
2. Principal Place of Business				2a. Mailing Address					4.	FEI Number			olied For	
21				26					ļ	<u>65-0752682</u>			Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certifcate of Status Desired		<b>\$8.75</b> A Fee Red		
22				27							4.5		<del>`                                    </del>	
	City & State				City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to		
23					Zip Cou				+-		not voor leto			
Žip							,			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No				
9. Name and Address of Current				<u> </u>					10.	Name and Address of New I	Registered A	gent	<u> </u>	
3. Name and Address of Current Registerod Agent							1	Name						
AMERILAWYER CHARTERED							_							
343 ALMERIA AVÊNUE						82	32 Street Address (P.O. Box Number is Not Acceptable)						Ì	
CORAL GABLES FL 33134							83					,		
							4			<del></del>	<del></del>	105 7:- 0		
· .							84 City				FL	85 Zip C	oue	
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		of maleboard and	and said title	if applicable	(NOTE: Re	nietorod And	on!	signature require	/ ed when r	reinstating)	DATE		`	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 1.								agnature require		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PTD DELETE						1.1 TITLE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition	
NAME	···						1.2 NAME						ĺ	
STREET ADDRESS	AND DISCOURT DOAD						1.3 STREET ADDRESS							
CITY-ST-ZIP	DIG DINE VEV EL GOOD						1.4 CITY-ST-ZIP						-	
TITLE							2.1 TITLE			<del> </del>		Change	Addition	
NAME						2.2 NAME						٠,	ĺ	
STREET ADDRESS	and the comment of th					2.3 STREET ADDRESS				•		• •		
CITY-ST-ZIP						2, 4 CITY-ST-ZIP								
TITLE				D	ELETE	3.1 TITLE						Change_	☐ Addition	
NAME		•				3.2 NAME								
STREET ADDRESS	ADDRESS) 3.						3.3 STREET ADDRESS						Ì	
CITY-ST-ZIP							3.4. CITY-ST-ZIP							
TITLE					ELETE	4.1 TITLE						☐ Change	Addition	
NAME						4. 2 NAME	E							
STREET ADDRESS	,-					4.3 STREE	EΤ	ADDRESS						

14. I 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 empaderess, with all other like empowered. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

3-11-99

305-87<sub>2</sub>-324

☐ Change

☐ Change

May 01, 1999 8:00 am Secretary of State

05-01-1999 90081 027 \*\*\*150.00

Addition

☐ Addition