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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000042798

1. Corporation Name

Principal Place of Business

VARI CONSTRUCTION SERVICES, INC.

23110 STATE ROAD 54 #106 23110 STATE ROAD 54 #106 LUTZ FL 33549-6988 LUTZ FL 33549-6988 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/14/1997 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business Not Applicat 59-3447797 21 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Réquired 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangiple Country Zip Ζip XYes □ No 30 Personal Property Tax. 25 24 10. Name and Address of New Registered A 9. Name and Address of Current Registered Agent Name PRATHER, LAURA E Street Address (P.O. Box Number is Not Acceptable) 82 101 E. KENNEDY BLVD. #2700 BARNETT PLAZA 83 TAMPA FL 33602 Zip Code RA City 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 (NDTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 DILE TITLE 1.2 NAME VARI, FRANCIS J III NAME 23110 STATE ROAD 54 #106 1.3 STREET ADDRESS STREET ADDRESS LUTZ FL 33549-6988 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addi □ DELETE 2.1 TITLE TILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Add ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Add DELETE 4.1 TITLE MLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Change bbA 🔲 DELETE 5.1 TITLE TITLE 5.2 NAME

SIGNATURE

14. I hereby certify that the indicated on this annua

officer or director of the

Block 12 or Block 13 if

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

KED

5.3 STREET ADDRESS

3 STREET ADDRESS

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5.4 CITY-ST-ZIP

5.1 TITLE

6.2 NAME

☐ DELETE

4. A:24-00:813:913 2687

Add

☐ Change

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Secretary of State

05-20-2000 90011 031 \*\*\*150.00

May 20, 2000 8:00 am