PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000050303 (1)

CONSTRUCTION REPAIR AND SERVICE, INC.

## **FILED** Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							4 SOUTHOU FIR LOUIS FOUT URTIL MOSTS OUTT ENIES STAT SOURS 1955 OUTO 1111 1881	
1502 SE 11TH AVE 1502 SE 11TH AVE CAPE CORAL FL 33990 CAPE CORAL FL 33990								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								06/05/1997
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For
21			26					65-0765274 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution
Ζιρ	· — ·			<b>—</b>		untry	•	8. This corporation owes or has paid the current year Intangible
24	25		29	1 1		,		Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  COUT INUM  81 Name								
SCOTT, JOHN							Name	
	)2 SE 11TH AV					Street Addre	ess (P.O. Box Number is Not Acceptable)	
CAI					,			
						83		
						84	City	FL 85 Zip Code
11. Pursuant I	to the provisions	of Sections 607.05	02 and 60	77.1508, Florida Statut	es, the a	pove	e-named corpo	pration submits this statement for the purpose of changing its registered
office or re	egistered agent, o m familiar with, ar	or both, in the Stat nd accept the obli	te of Floric dations of	ta. Such change was a . Section 607.0505. Fk	authorize orida Sta	d by tutes	the corporations.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE								
SIGNATORE.	Signature, typed or prin	ted name of registered a			E: Registere	ed Age	ent signatura required	
12.	OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Đ	DELETE	1.1 TITLE			Change		
NAME						IAME		
STREET ADDRESS						TREET	ADDRESS	ļ
CITY-ST-ZIP	CAPE CORA		1.4 CITY-ST-ZIP		T-ZIP			
TITLE				DELETE 2.1 T				Change Addition
NAME				2.2 N				
STREET ADDRESS	STREET ADDRESS			7			ADDRESS	
CITY - ST - ZIP					2. 4 CITY-ST-ZIP			
TITLE				DELETE 3.1 TI				Change
NAME					3.2 N			
						3.3 STREET ADDRESS		
CITY - ST - ZIP		······································			_	XTY-S	ST-ZIP	
TITLE				☐ DELETE	4.1 7			Change Addition
NAME						NAME		1
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				Прецете		ITY-S	T-ZIP	0
TITLE				☐ DELETE	5.1 Ti			Change Addition
NAME					5.2 N			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				Clarier		ITY-S	T-ZIP	AL
TITLE				☐ DELETE	6.1 T			Change Addition
NAME					6.2 N			
STREET ADDRESS					6.3 S	TREET	ADDRESS	
CITY-ST-ZIP	and the three to a first	rmation rupplied	alsh ship m	ling door not qualify fo		ITY-S		Section 119 07/3Vi). Florida Statutes, I further cartify that the information

blee with this thing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the miormatic emental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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