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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000064712 (7)

TORIAS CONSTRUCTION INC

, rooms o		•					
Principal Place of Business Mailing Address					DO NOT WRITE IN THIS SPACE		
210 17TH STREET NW 210 17TH STREET NW BRADENTON FL 34205 BRADENTON FL 34205							
					3. Date Incorporated or Qualified 07/24/1997		
2. Principal Place of Business 2a. Mailing Ad		2a. Mailing Addre	SS		4. FEI Number Applied	For	
21		26	26		67-0768870 Not Appl	icable	
Suite, Apt. #, etc.		Suito, Apt. #, 6	Suito, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required		
City & State		City & State	<u> </u>		6. Election Campaign Financing \$5.00 May E	3e	
23		28			Trust Fund Contribution Added to Fee	s	
Zip 24	Country	Zip	Zip Country <b>30</b>		8. This corporation owes or has paid the current year Intergible Personal Property Tax due June 30. Yes V No	е	
9. Name and Address of Current Registered Agent				. T	10. Name and Address of New Registered Agent		
	ENTON FL 34205			84 City	FL 85 Zip Code		
office or regis agent. I am fa	stered agent, or both, in the S	7.0502 and 607.1508, Florida State of Florida. Such chang obligations of, Section 607.0	e was authori:	zed by the corpora	corporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as register	stered ered	
SIGNATURE	ature, typed or printed name of register	ed agent and title if applicable	(NOTE Registe	red Agent signature requ	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		1:	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
		☐ DEL	ETE 1.1	TITLE	☐ Change ☐ A	Addition	
	robias, <del>r</del> obert m		1.2	NAME			
STREET ADDRESS 2	210 17TH STREET NW #	2	1.3	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34205			CITY-ST-ZIP			
TITLE		☐ DEL	ETE 2.1	TITLE	Change A	ddition	
NAME			2.2	NAME			
STREET ADDRESS			2.3	STREET ADDRESS	,		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		DEL	ETE 3.1	TITLE	☐ Change ☐ A	vddition	
NAME			3.2	NAME		ļ	

14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report of officer or director of the corporation or the receiver or trustee on Block 12 or Block 13 if changed or the related by the party and as exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ale and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP 4.1 THILE

4. 2 NAME

5.1 THILE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$1-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

TITLE

Change

Addition

Addition

**FILED** 

May 01 1998 8:00am

Secretary of State