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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90080 002 ***150.00

FILED

1999

DOCUMENT #	P97000082937
Corporation Name	. 0,000000000

SRS CONTRACTORS, INC.

|--|

Principal Place	e of Business	Mailing Address		C 1047108: 114 10131 10011 00111 00111 00111		
8039 BOCA CIEGA DRIVE ST PETERSBURG BEACH FL 32370-6 8039 BOCA CIEGA DRIVE ST PETERSBURG BEACH FL 32370-6						
		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed	JI NOL	
				09/25/1997		
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Aı	oplied For
	BOCA CLEGA DENE	26 8039 BOCA	CIEGA DOINE	59-3469186	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	_		Additional \
22		27		. 5. Certificate of Status Desired	Fee R	equired
City & State	e	City & State		6. Election Campaign Financing	•	May Be
23 ST, P	ETE BEACH, FL	28 ST. PETE BEAC		Trust Fund Contribution	Added	to Fees
Zip	Country		Country	8. This corporation owes the current year Inta	ngible □Yes	ŒÍNo
24 337		29 33706 30	<u>USA</u>	Personal Property Tax. 10. Name and Address of New Registered A		ПБНИО
	9. Name and Address of Current I	Registered Agent	81 Name	10. Hattie alto Address of New Registered 2	gen	
AME	RILAWYER CHARTERED			TEVEN L. SCHAFER		
	ALMERIA AVENUE			ess (P.O. Box Numbér is Not Acceptable)	LIVE	
	AL GABLES FL 33134		83	154 DOCA CIBON DO	-110	
					 ≤:	
			84 City	Dens Research FL		Code 70(a
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above-named corp	oration submits this statement for the purpose of o	hanging its	registered
office or n	egistered agent/or both, in the State of m familiar with and accept the obligation	Morida Such change was alltho	rized by the corporatio	on's board of directors. I hereby accept the appoin	tment as re	egistered
_		-1)28-10-	TESEL D	SULLER - PERSONAL I	1-14-9	79
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Regis	stered Agent signature required			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		ORS IN 12
TITLE	PSTD		1.1 TITLE		☐ Change	Addition
NAME	SCHAFER, STEVEN R		1.2 NAME			•
STREET ADDRESS	8039 BOCA CIEGA DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG BEACH FL 323		1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
TITLE			22 NAME	,		_
NAME		Ti di	2.3 STREET ADDRESS	**		
STREET ADDRESS			2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE			3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP	`	·	- .
TITLE			4.1 TITLE	,	Change	Addition
NAME		ì	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CiTY-ST-ZiP	<u> </u>		
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			`
STREET ADDRESS	}		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Madisin-
TITLE	1	DELETE	6.1 TITLE		Change	Addition Addition
		C 962212				
NAME			6.2 NAME 6.3 STREET 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 an address, with all other like empowered.

SIGNATURE:

D. S. HAFEA PRESIDENT 1-14-99 (727) 363-0199
Date Dayline Phone #

KZEU34 (11/90