FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortsam ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 P97000086208 (0) DOCUMENT # 1. Corporation Name N.S.I. CONSTRUCTION, INC. Principal Place of Business Mailing Address 4816 SW 23RD AVE 4816 SW 23RD AVE CAPE CORAL FL 33914 CAPE CORAL FL 33914 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/06/1997</u> cipal Place of Business Applied For N.W. 19 234 N.W. 21 23 4 Not Applicable Suite, Apt. #, etc \$8.75 Additional Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FRIGA, SCOTT 4816 **SW** 23RD AVE Street Address (P.O. Box CAPE CORAL FL 33914 7 108, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered Section 607 0505, Florida Statutes 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE FRIGA, SCOTT S NAME 1.2 NAME 4816 SW 23RD AVE STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ■ Addition FRIGA, TAWNY J NAME 2.2 NAME 4816 SW 23RD AVE STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP ☐ DELETE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

14. Thereby certify that the information supplied with this that foe not delify for the out-information stated in Section 119.07(3)(i), Florida Statutes. I further certify mat the information indicated on this annual report or supplemental author in partial 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 receiper or use the appropriate process of 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 attention with all states.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

CICMATURE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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