

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

PROFESSIONAL
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104507 (3)

1. Corporation Name

CHARLES BANKY GENERAL CONTRACTOR, INC.

Principal Place of Business

688 TURTLE LANE
LABELLE FL 33935

Managing Address

688 TURTLE LANE
LABELLE FL 33935

2. Principal Place of Business

2a. Managing Address

21 State: Apt. #, etc.

26 State: Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

BANKY, CHARLES
688 TURTLE LANE
LABELLE FL 33935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(1), 607.04(2), 607.04(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation with a name as set forth in the above information, Sections 607.04(1), Florida Statutes.

SIGNATURE

[Signature]

(If the corporation has a gross assets greater than \$100,000)

12.

OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP
7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, ST, ZIP
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. NAME
29. STREET ADDRESS
30. CITY, ST, ZIP

D
BANKY, CHARLES
688 TURTLE LANE
LABELLE FL 33935

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. NAME
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP
15. NAME
16. STREET ADDRESS
17. CITY, ST, ZIP
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. NAME
22. STREET ADDRESS
23. CITY, ST, ZIP
24. NAME
25. STREET ADDRESS
26. CITY, ST, ZIP
27. NAME
28. STREET ADDRESS
29. CITY, ST, ZIP
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and data on this return is true and correct, 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 the back of the Florida Franchise Disclosure Document.

SIGNATURE:

[Signature]

SECRETARY, MANAGING OFFICER, PRESIDENT, OR DIRECTOR

FILED
May 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1997

4. FFI Number

Applied for in Feb.

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes ☒ No

10. Name and Address of New Registered Agent

4/26/98

CR2E034 (10/97)