DOCUMENT # SO2028 STRATHMORE CONTRACTING OF FLORIDA, INC. Principal Place of Business Mailing Address Concretion Number All Off YR, 1980 C/D A 5 MAIT P 0 500 78 (CT YR 1980) DO NOT WRITE IN THIS SPACE 2. Decoretion Number Color A 5 Main All Off YR, 1980 Do NOT WRITE IN THIS SPACE 3. Date buognotion of Statuse Color A 5 Main Color Color A 6 Main Color A 5 Main Color Color	PROI CORPOR ANNUAL F 199	RATION		Katherí Secretar	RTMENT OF STATE ne Harris ry of State CORPORATIONS	May 06, Secreta 05-06-1999	1999 8: ry of St 90096 002 ***15	
Principal Place of Business Mulling Address ALU OT PL 3450 CONT WRITE IN THIS SPACE S US DO NOT WRITE IN THIS SPACE S US Do Not Write IN THIS SPACE S US Distainers 2a. Mailing Address A. FEI Number Applied Fort Applied Fort Act Applicable SUBL Apt #, etc. SUBL, Apt #, etc. S Carly A. State City & State S. Certificate of Status Desired Zip Suble, Apt #, etc. Zip Country 2ip Country 3in Name and Address of Current Registered Agent 60LDMAN, BRUNING & MILD Siz 105/70 S US HWY ONE Siz Size Address (PO: Box Number is No! Acceptable) Size Address (PO: Box Number is No! Acceptable) 11 Proceed Agent of box, the Size of Folicities Size of Address (PO: Box Number is No! Acceptabl	. Corporation Name	e		a, inc.		1 HADDINGS IN DAVID INGH AGANA (IDD		
Auk GYT FL 3480 Pr 0 BOX 785 S CONTERRECH NY 11720 LS Date Incorporate Or Qualified US Address L Procipial Place of Business Image: Address of Current Registered Agent Suite, Apl. #, etc. 27 Suite, Apl. #, etc. 27 City & State 6. Exciton Campion Princing City & State 6. Exciton Campion Princing City & State 6. Exciton Campion Princing Zip Country 20 Country 21 28 20 Country 21 28 22 29 20 Country 21 29 20 Country 21 29 20 Country 21 29 22 29 23 28 24 29 25 Country 26 Street Address (P.O. Box Number is Not Acceptable) 27 Country 28 Coty Of S05, Finds Status, Board of Instrees on Compand Togetry is a contablange watchord b	•			5				
11:303:1971 Net Applicable Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 City, & State City, & State City, & State Country Zip Country Zip <t< td=""><td>ALM CITY FL 34990</td><td></td><td>CENT</td><td></td><td></td><td>3. Date incorporated or Qualifed</td><td>E IN THIS SPACE</td><td></td></t<>	ALM CITY FL 34990		CENT			3. Date incorporated or Qualifed	E IN THIS SPACE	
City & State City & State <td< td=""><td>L</td><td></td><td>26</td><td></td><td></td><td></td><td>No</td><td>t Applicable</td></td<>	L		26				No	t Applicable
Image: control Image: control Image: control Addet to Paes Zip Country Image: control Rescard	_		27				Fee Re	quired
S. Name and Address of Current Registered Agent S. Name and Address of New Registered S. Name and Address S. Name and Address of New Registered S. Name and Address S. Name and New Registered Agent S. Name and Address of New Registered S. Name and Address S. Name and New Registered Agent S. Name and New Registered S. Name and New Registered Agent S. Name and New Registered	Zip		2		<u> </u>	8. This corporation owes the current	Added t nt year Intangible	
GOLDMAN, BRUNING & MILD 10570 S US HWY ONE STE 300 PORT ST LUCIE FL 34952 82 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 84 City FL 85 84 City FL 85 20 85 84 City FL 85 20 84 City FL 85 20 20 85 84 City FL 85 20 20 86 City FL 85 20							gistered Agent	
Date Date Date Date 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. TITLE ITTLE Addition ME BARONE, ALFRED 12 NAME ItTLE ME BARONE, ALFRED 13 STREET ADORESS ItTLE VST: ZP HUSON MT 14 CITY-ST-ZP Ittle VST: ZP DELETE 21 TITLE Ittle Ittle V DELETE 21 WAME Ittle Ittle VST: ZP V DELETE 21 WAME Ittle Ittle V Ittle 23 STREET ADORESS Ittle								
ME BARONE, ALFRED 12 NAME REET ADDRESS 34500 CEDAR CREEK RD 13 STREET ADDRESS Y-ST-ZP HUSON MT 14 CITY-ST-ZP LE V DELETE 21 TITLE NME MICHAEL TRAPANI 22 NAME ARETADORESS 5046 ORCHID BAY DR 23 STREET ADDRESS Y-ST-ZP PALM CITY FL 2.4 CITY-ST-ZP NLE V DELETE 31 TITLE NME ANDREW SEELIN 32 NAME STONY BROOK NY 34 CITY-ST-ZIP	PORT ST L Pursuant to the p office or register agent. I am famil	provisions of Section	the State of Florida	 Such change was a 	84 City es, the above-named cor uthorized by the corporat	poration submits this statement for the p ion's board of directors. I hereby accept	FL unose of changing its	registered
#E BARONE, ALFRED 12 NAME EEETADDRESS 34500 CEDAR CREEK RD 13 STREET ADDRESS Y-ST-ZP HUSON MT 14 CTTY-ST-ZP E V DELETE 21 TTT_E E V DELETE 21 TTT_E MCHAEL TRAPANI 22 NAME 23 STREET ADDRESS Y-ST-ZP PALM CITY FL 24 CITY-ST-ZIP VEET ADDRESS 5046 ORCHID BAY DR 23 STREET ADDRESS Y-ST-ZP PALM CITY FL 2.4 CITY-ST-ZIP LE V DELETE 31 TTTLE ANDREW SEELIN 20 NAME 32 NAME & & ANDREW SEELIN 32 NAME 32 NAME & MAGRET ST 33 STREET ADDRESS	PORT ST L . Pursuant to the p office or register agent. I am famil GNATURE Signeture	provisions of Section red agent, or both, in iliar with, and accept re, typed or printed name of i	the State of Florida the obligations of, S registered agent and title if a	. Such change was a Section 607.0505, Flo	84 City es, the above-named cor uthorized by the corporat rida Statutes.	ed when reinstating)	TL	registered gistered
Y-ST-ZIP HUSON MT 14 CITY-ST-ZIP LE V DELETE 21 TITLE Change Addition ME MICHAEL TRAPANI 22 NAME	PORT ST L . Pursuant to the p office or registerr agent. I am famil GNATURE Signeture	provisions of Section red agent, or both, in iliar with, and accept re, typed or printed name of i	the State of Florida the obligations of, S registered agent and title if a	. Such change was a Section 607.0505, Flo applicable. (NOTE TORS	84 City es, the above-named cor uthorized by the corporat rida Statutes. Registered Agent signature requir 13.	ed when reinstating)	PL urpose of changing its the appointment as re- DATE ICERS AND DIRECTO	registered gistered
LE V DELETE 21 TTLE Change Addition ME MICHAEL TRAPANI 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS SO46 ORCHID BAY DR 23 STREET ADDRESS 24 CTTY-ST-ZIP Change Addition Y-ST-ZIP PALM CITY FL 24 CTY-ST-ZIP Change Addition VEE DELETE 31 TTLE Change Addition WE ANDREW SEELIN 32 NAME 33 STREET ADDRESS Addition V-ST-ZIP STONY BROOK NY 34 CITY-ST-ZIP Change Addition WE DELETE 4.1 TTLE Change Addition WE 4.2 NAME 33 STREET ADDRESS 4.2 NAME 4.2 NAME V-ST-ZIP DELETE 4.1 TTLE Change Addition WE 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME V-ST-ZIP DELETE 5.1 TTLE Change Addition ME S3 STREET ADDRESS 5.3 STREET ADDRESS 4.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS V-ST-ZIP S1 STLEE S3 STREET ADDRESS 5.3 ST	PORT ST L . Pursuant to the p office or register agent. I am famil GNATURE Signature L E P	provisions of Section red agent, or both, in iliar with, and accept re, typed or printed name of n OFF	the State of Florida the obligations of, S registered agent and title if a	. Such change was a Section 607.0505, Flo applicable. (NOTE TORS	84 City es, the above-named cor uthorized by the corporat rida Statutes. Registered Agent signature requir 13. 1.1 TITLE	ed when reinstating)	PL urpose of changing its the appointment as re- DATE ICERS AND DIRECTO	registered gistered
LE V LE LE LE LE V ARE MICHAEL TRAPANI 23 STREET ADDRESS 23 STREET ADDRESS 5046 ORCHID BAY DR 23 STREET ADDRESS 24 CITY-ST-ZIP PALM CITY FL 24 CITY-ST-ZIP	PORT ST L . Pursuant to the p office or registern agent. I am famil GNATURE Signeture	provisions of Section red agent, or both, in iliar with, and accept re, typed or printed name of n OFF CONE, ALFRED DO CEDAR CREEK	the State of Florida the obligations of, S egistered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo applicable. (NOTE TORS	84 City es, the above-named corruthorized by the corporative rida Statutes. Registered Agent signature required as a signature as a signature required as a signature as a signate signature as a signature as a signature as a signature a	ed when reinstating)	PL urpose of changing its the appointment as re- DATE ICERS AND DIRECTO	registered gistered
LE V DELETE 3.1 TTLE Change Addition ME ANDREW SEELIN 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS X-ST-ZIP STONY BROOK NY 34, CITY-ST-ZIP	PORT ST L Pursuant to the p office or register agent. I am famil GNATURE GNATURE LE KEET ADDRESS Y-ST-ZIP	provisions of Section red agent, or both, in iliar with, and accept re, typed or printed name of n OFF CONE, ALFRED DO CEDAR CREEK	the State of Florida the obligations of, S egistered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo Ipplicable. (NOTE TORS	84 City es, the above-named cor uthorized by the corporat rida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	PL	PRS IN 12
ANDREW SEELIN 8 MAGRET ST 9.ST-ZIP 32 NAME STONY BROOK NY 34.CITY-ST-ZIP LE DELETE 4.1 TITLE MEET ADDRESS Y-ST-ZIP LE 1 DELETE 4.1 TITLE ANDREW STREET ADDRESS Y-ST-ZIP LE 1 DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.2 STREET ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE Change Addition ME REET ADDRESS Y-ST-ZIP LE DELETE 5.1 TITLE Change Addition S2 NAME S2 NAME S2 NAME S2 NAME S3 STREET ADDRESS Y-ST-ZIP S4 CITY-ST-ZIP	PORT ST L Pursuant to the p office or register agent. I am famil GNATURE GNATURE LE P ME REET ADDRESS P.ST-ZIP V ME REET ADDRESS S046	provisions of Section red agent, or both, in iliar with, and accept or printed name of a OFF CONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo Ipplicable. (NOTE TORS	84 City es, the above-named cor uthorized by the corporat rida Statutes. 3 13. 1.1 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	PL	PRS IN 12
LE DELETE 4.1 TITLE Change Addition WE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 44 CITY-ST-ZIP Change Addition LE DELETE 6.1 TITLE Change Addition ME DELETE 6.1 TITLE Change Addition ME S2 NAME S2 NAME Change Addition VEET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP Change Addition Y-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP Change Change Change	PORT ST L Pursuant to the p office or register agent. I am famil GNATURE E E P ME BAR KEET ADDRESS V MICH SO46 Y-ST-ZIP V ME FET ADDRESS V SO46 Y-ST-ZIP PALN	provisions of Section red agent, or both, in iliar with, and accept or printed name of a OFF CONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo ipplicable. (NOTE TORS	84 City es, the above-named coruthorized by the corporativital Statutes. 13 Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	FL	registered gistered DRS IN 12
REET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CTY-ST-ZIP LE DELETE 5.1 TITLE Change ME 52 NAME REET ADDRESS 5.3 STREET ADDRESS Y-ST-ZIP 5.4 CTY-ST-ZIP	PORT ST L	provisions of Section red agent, or both, in lifar with, and accept OFF ONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE M CITY FL DREW SEELIN AGRET ST	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo ipplicable. (NOTE TORS	84 City es, the above-named cor uthorized by the corporat rida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ed when reinstating)	FL	registered gistered DRS IN 12
TLE DELETE 5.1 TITLE Change Addition ME 52 NAME REET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CITY-ST-ZIP	PORT ST L PURSUANT to the p office or register agent. I an famil IGNATURE 2. TLE ME REET ADDRESS TLE V ME REET ADDRESS S046 TY-ST-ZIP PALM TLE V ME AND REET ADDRESS S046 TY-ST-ZIP PALM TLE V ME S046 S046 S046 S046 S046 S046 S046 S046	provisions of Section red agent, or both, in lifar with, and accept OFF ONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE M CITY FL DREW SEELIN AGRET ST	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo	84 City es, the above-named cor uthorized by the corporat rida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	FL urpose of changing its the appointment as re- DATE ICERS AND DIRECTO Change Change Change	RS IN 12 Addition
LE Strate ME 52 NAME REET ADDRESS 53 STREET ADDRESS Y-ST-ZIP 54 CiTY-ST-ZIP	PORT ST L	provisions of Section red agent, or both, in lifar with, and accept OFF ONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE M CITY FL DREW SEELIN AGRET ST	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo	84 City es, the above-named coruthorized by the corporativida Statutes. Image: Corporative	ed when reinstating)	FL urpose of changing its the appointment as re- DATE ICERS AND DIRECTO Change Change Change	RS IN 12 Addition
	PORT ST L PURSUANT to the p office or registerr agent. 1 am famil GNATURE Signature LE WE REETADDRESS V-ST-ZIP V ME AND REETADDRESS V-ST-ZIP V ME AND REETADDRESS S046 Y-ST-ZIP V ME AND REETADDRESS S046 Y-ST-ZIP V ME AND S S M Y-ST-ZIP S TO	provisions of Section red agent, or both, in lifar with, and accept OFF ONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE M CITY FL DREW SEELIN AGRET ST	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo	84 City es, the above-named coruthorized by the corporativida Statutes. Ite corporativity 13. Ite corporativity 14. Ite corporativity 2.1 Ite corporativity 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Ite corporativity 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its the appointment as reported as report	registered gistered DRS IN 12 Addition
	PORT ST L PURSUANT to the p office or registerr agent. I am famil GNATURE E E P ME REET ADDRESS V-ST-ZIP V ME REET ADDRESS V-ST-ZIP V ME REET ADDRESS V-ST-ZIP LE ME REET ADDRESS V-ST-ZIP LE ME ME NE	provisions of Section red agent, or both, in lifar with, and accept OFF ONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE M CITY FL DREW SEELIN AGRET ST	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo	84 City es, the above-named coruthorized by the corporativida Statutes. Image: Corporativity of the corpor	ed when reinstating)	FL urpose of changing its the appointment as reported as report	registered gistered DRS IN 12 Addition
REET ADDRESS 6.3 STREET ADDRESS ITY-ST-ZIP 6.4 CITY-ST-ZIP 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 cath; that I am an an annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an annual report of SUC Section Statutes.	PORT ST L PURSUANT to the p office or register agent. I am famil GNATURE Signeture 2. LE ME REET ADDRESS TLE V ME REET ADDRESS SO46 TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	provisions of Section red agent, or both, in lifar with, and accept OFF ONE, ALFRED DO CEDAR CREEK SON MT HAEL TRAPANI 6 ORCHID BAY DE M CITY FL DREW SEELIN AGRET ST	the State of Florida the obligations of, S registered agent and title if a ICERS AND DIREC	. Such change was a Section 607.0505, Flo	84 City es, the above-named coruthorized by the corporativida Statutes. Image: Corporativity of the corpor	ed when reinstating)	FL urpose of changing its the appointment as reported as report	registered gistered DRS IN 12 Addition

SIGNATURE:	
	CICO MTUDE AN

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR