FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	Secretary of State DIVISION OF CORPORATIONS					
	MENT # \$6026	61 (2)				
1. Corporation	TRUCTION SERVICES OF	LEE COUNTY INC				
	MOONION DENVICES OF	ELL COOMIT, INC.			1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place	of Business	Mailing Address	T. A. S.		- I LOBINDAD IND BANK ODRAD LIDIO BANK	
12455 SUMM FT. MYERS F	ERWOOD DRIVE	12455 SUMMERWOOD	DRIVE	,		
ri. Mieno i	L 33806	FT. MYERS FL 33908				
					 Date Incorporated or Qualified 06/17/1991 	3a. Date of Last Report 01/23/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0274232	Applied For
Suite, Apit.	#, etc.	26			05-02/4202	Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	!	City & State			6. Election Campaign Financing	\$5.00 May Be
[23] Zip	Country	28 Zip	Country		Trust Fund Contribution 8. This corporation has liability for	Added to Fees
[24]	25	29	30		Florida Statutes Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 1		10. Name and Address of New F	tegistered Agent
MURTY.	TIMOTHY J.					
1633 PERIWINKLE WAY				ress (P.O. Box Number is Not Acceptate	(ek	
SUITE A			83			
SANIBEL	. FL 33957		84 (Dity		85 Zip Code
11. Pursuant t	o the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the above par	ned corner	ration submits this statement for the nu	!-L
or register familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	ida. Such change was authorize	ed by the corpora	ition's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE						
12.	Styriative speed or printed name of registeral rapid OFFICERS At	Land tilk (Fapplicatio) (NOT NO DIRECTORS	E Registered Agent s.; 13.	griditure require	d when reinstairing) ADDITIONS/CHANGES TO OFF	DATE
TITLE	PST	DELETE	1 1 TITLE		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	Festa, Edward		12 NAME			,
STREET ADDRESS	12455 SUMMERWOOD DRIV	E	1 3 STREET AD	DRESS		·
C:TY+ST+ZP	FT. MYERS FL		1.4 CrTY - ST - Z	IP .		
The	FESTA, EDWARD		2 1 TITLE			Change Addition
NAME STREET ADDRESS	12455 SUMMERWOOD DRIV	Ë	2 2 NAME 2 3 STREET ADDRESS			
CHY-\$1-ZIP	FT. MYERS FL		2.4 CITY - ST - ZIP			
THUS	DELETE 3 1 TITLE		<u>"</u>		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AD	DRESS		
CITY ST-ZIF			3 4 CITY - \$1 - Z	IP.		
TILLE			4 1 TITLE			Change Addition
NAMI Colore de Augustes			4.2 NAME			
STREET ADORESS			4.3 STREET ADI			
CHLY ST ZIE		DELETE	44 CITY - ST - Z 5 1 TITLE	IP		Change Addition
NAMi			5 2 NAME			C Sumings C Magniful)
STEEL ADDRESS			5 3 STREET AD	DRESS		
CDV+S1-ZIP			5.4 CITY - ST - Z			
100		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			ı

14. I do hove by certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath; that I am an officer or director of the corporation or the robeing report of the corporation or the robeing report of the corporation or the robeing report of the same legal effect as if made under eath; that I am an officer or director of the corporation or the robeing report of the same legal effect as if made under eath; that I am an officer or director of the corporation or the robeing report of the corporation or the robeing report of the same legal effect as if made under eath; that I am an officer or director of the corporation or the robeing report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the robeing report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the robeing report is true and accurate and that my signature shall have the same legal effect as if further eather than 19.07(3)(k), Florida Statutes, I further eather than 19.07(3)(k),

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS.

CITY - ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 9413864532