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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 10 PM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64972 (0)

1. Corporation Name
T AND T CONSTRUCTION INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 9611 HIDDEN OAK CIRCLE<br>TAMPA FL 33612 | 9611 HIDDEN OAK CIRCLE<br>TAMPA FL 33612 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1991
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21: 8423 QUAIL HOLLOW BLVD
22: Suite, Apt. #, etc.
23: City & State: ZEPHYRHILLS FL
24: Zip: 33544
25: Country:

2a. Mailing Address
26: 8423 QUAIL HOLLOW BLVD
27: Suite, Apt. #, etc.
28: City & State: ZEPHYRHILLS FL
29: Zip: 33544
30: Country:

4. FEI Number: 59-3072730 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TSOURAKIS, COSTAS P
9611 HIDDEN OAK CIRCLE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: TSOURAKIS, COSTAS P.
82 Street Address (P.O. Box Number is Not Acceptable): 8423 QUAIL HOLLOW BLVD
83:
84 City: ZEPHYRHILLS FL 85 Zip Code: 33544

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | TSOURAKIS, COSTAS P | 1.2 NAME | |
| STREET ADDRESS | 9611 HIDDEN OAK CIRCLE | 1.3 STREET ADDRESS | 8423 QUAIL HOLLOW BLVD |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | ZEPHYRHILLS FL 33544 |
| TITLE | D | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | TSOURAKIS, SUSAN M | 2.2 NAME | |
| STREET ADDRESS | 9611 HIDDEN OAK CIRCLE | 2.3 STREET ADDRESS | 8423 QUAIL HOLLOW BLVD |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | ZEPHYRHILLS FL 33544 |
| 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 | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Costas P. Tsourakis 3-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0443063 FP