

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S64972 (0)  
1. Corporation Name  
T AND T CONSTRUCTION INCORPORATED

Principal Place of Business  
8423 QUAIL HOLLOW BLVD.  
ZEPHYRHILLS FL 33544  
US

Mailing Address  
8423 QUAIL HOLLOW BLVD  
ZEPHYRHILLS FL 33544  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1991	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	4. FEI Number 59-3072730		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent TSOURAKIS, COSTAS P 8423 QUAIL HOLLOW BLVD ZEPHYRHILLS FL 33544				10. Name and Address of New Registered Agent	
				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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		TITLE	TSOURAKIS, COSTAS P	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TSOURAKIS, COSTAS P			1.2 NAME	PRESIDENT		
STREET ADDRESS	8423 QUAIL HOLLOW BLVD			1.3 STREET ADDRESS	8423 Quail Hollow Blvd		
CITY-ST-ZIP	ZEPHYRHILLS FL			1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33544		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TSOURAKIS, SUSAN M			2.2 NAME	HOWARD HINES		
STREET ADDRESS	8423 QUAIL HOLLOW BLVD			2.3 STREET ADDRESS	8423 Quail Hollow Blvd		
CITY-ST-ZIP	ZEPHYRHILLS FL			2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33544		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	SUSAN M. Tsourakis		
STREET ADDRESS				3.3 STREET ADDRESS	8423 Quail Hollow Blvd		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33544		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	PATRICK WATSON	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	TREASURER		
STREET ADDRESS				4.3 STREET ADDRESS	8423 Quail Hollow Blvd		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Zephyrhills, FL 33544		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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: Susan M. Tsourakis

4-28-98 813973-3147

CR2E034 (10/97)