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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

| Corporatio | MENT # \$812 MOLINE CONSTRUCTION, | , INC. | , | | ; | (1))(6 1 9 1 1 15 15 16 18 18 18 18 18 18 18 18 18 18 18 18 18 | i (1818)), Alan i a ne r |
|--|--|--|--|--|--|--|--|
| Principal Place of Business 3467 SW PALM CITY SCHOOL AVENUE PALM CITY FL 34990 | | | Mailing Address POST OFFICE BOX 1842 PALM CITY FL 34990 | | | | |
| | | | | | 3. Date incorporated or Qualified 09/18/1991 | d 3a. Date of Last 04/18/19 | |
| Principal Pl | lace of Business | 2a. Mailing Address 26 | | | 4. FEI Number | | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 59-3091121 5. Certificate of Status Desired | 1 1 | Not Applicable 5 Additional |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.0 | Required May Be |
| Zip | Country | 28 | Cour | ntry | Trust Fund Contribution 8. This corporation has liability for | Add | ed to Fees |
| 25 29 9. Name and Address of Current Registered Agent | | | | | | es 🖪 No | |
| MOLINE, DOUGLAS W. 425 SW MAPP RD. PALM CITY FL 34990 | | | | 81 Name MOLINE DOUGLAS W. 82 Street Address (P.O. Box Number is Not Acceptable) 1176 S.W. MIDBLE STREAM CT. 83 84 City 85 Zip Co | | | ip Code |
| D wowant t | 1. the constitution of Co. 15. | | | DAI | m CITY | FL " [ಕೆ | ip Code 14990 |
| Pursuant to register familiar with | to the provisions of Sections 607.051 and agant, or both, in the State of Fic th, and accept the obligations of, Se Signate E. type of printed name of registered age | Voline 1 | itutes, the above orized by the contes. | re-named corpororporation's boa | ration submits this statement for the pard of directors. I hereby accept the ap | FL Durpose of changing its population as registered by DATE | registered offic d agent. I am |
| SNATURE | Figure (in the state of registered age OFFICERS A | ent and the 4 applicable | itutes, the above prized by the contest. (NOTE: Registered A | /e-named corpo proporation's boar //S | ration submits this statement for the pard of directors. I hereby accept the ap accept the ap accept the accept the acc | ourpose of changing its oppointment as registered by DATE FFICERS AND DIRECTOR | registered officed agent. I am ORS IN 12 |
| NATURE | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS | ent and title if applicable | itutes, the above orized by the contes. | PAL ve-named corpo proporation's boa PS W. Againt signature require LE P. | ration submits this statement for the pard of directors. I hereby accept the apart of the part of the | purpose of changing its population to provide the provided the provided the purpose of the provided the provi | registered officed agent. I am |
| E E EFT ADDRESS | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 applicable | itutes, the above prized by the cortes. (NOTE: Registered A 1.1 TIT 1.2 NAM | PAA ve-named corpo orporation's boa OS Vegent signature require LE ME ME LE LE LE ME LE LE ME LE L | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | ourpose of changing its pointment as registered by the control of | registered officed agent. I am ORS IN 12 |
| NATURE | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS | ent and the of explicable ND DIRECTORS DELETE | tutes, the above prized by the contest. NOTE: Registered A. 1.1 Tit 1.2 NAM 1.3 STR 1.4 CITY | PAA ve-named corpo proporation's boa Agent signature require LE ME EET ADDRESS 11 Y-ST-ZIP F | ration submits this statement for the pard of directors. I hereby accept the apart of the part of the | purpose of changing its population as registered to the population of the population of the purpose of the purp | registered offid agent. I am 16 ORS IN 12 Addition |
| NATURE | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 applicable | tutes, the above prized by the contest. NOTE: Registered A. 1.1 Tit 1.2 NAM 1.3 STR | PAA ve-named corpo orporation's boa Agent signature require LE WE LEET ADDRESS LY-ST-ZIP LE | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | ourpose of changing its pointment as registered by the control of | registered officed agent. I am ORS IN 12 |
| NATURE | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the of explicable ND DIRECTORS DELETE | tutes, the above orized by the contest. OUGE L. (NOTE: Registered # 13. 1.1 Tit 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM | PAA ve-named corpo orporation's boa Agent signature require LE WE LEET ADDRESS LY-ST-ZIP LE | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its population as registered to the population of the population of the purpose of the purp | registered offid agent. I am 16 ORS IN 12 Addition |
| NATURE PER ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ant and the dispellable ND DIRECTORS DELETE | tutes, the above orized by the contest. (NOTE: Registered A 1.1 Tit 1.2 NAM 1.3 STR 1.4 CIT) 2.2 NAM 2.3 STR | PAA ve-named corpo orporation's boa AS Quality Signature require LE ME LEET ADDRESS LI Y-S1-ZIP LE ME ME | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its population as registered to the population of the population of the purpose of the purp | registered offid agent. I am 16 ORS IN 12 Addition |
| NATURE FI FT ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the of explicable ND DIRECTORS DELETE | tutes, the above orized by the cortes. (NOTE: Registered A 13. 1.1 Tit 1.2 NAM 1.3 STR 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STR 2.4 CIT 3.1 TIT 3.1 T | PAA ve-named corpo orporation's boa OS Qoont signature requee LE ME SEET ADDRESS (-ST-ZIP LE LE LE LE LE LE LE LE LE L | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its population as registered to the population of the population of the purpose of the purp | registered offid agent. I am 16 ORS IN 12 Addition |
| NATURE PER ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ant and the dispellable ND DIRECTORS DELETE | tutes, the above orized by the cortes. (NOTE: Registered A 13. 1.1 TIT 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITI 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITI 3.2 NAM 3.3 NAM 3.4 NAM | PAA ve-named corpo orporation's boa NS We have board signature require LE ME SEET ADDRESS ME LE ME LE ME LE LE ME LE LE | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its pointment as registered by the control of | registered officed agent. I am CONTROL I am Addition |
| NATURE PROPERTY ADDRESS ST-ZIP ST-ZIP T ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ant and the dispellable ND DIRECTORS DELETE | tutes, the above orized by the cortes. (NOTE: Registered A 13. 1.1 TIT 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITT 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITT 3.2 NAM 3.3 STR | PAL Ve named corpo orporation's boa NS We have require ME ME ME ME ME ME ME ME ME M | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its pointment as registered by the control of | registered offi d agent. I am CONTROL Addition |
| NATURE P FT ADDRESS SI-ZIP FT ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ant and the dispellable ND DIRECTORS DELETE | tutes, the above orized by the cortes. (NOTE: Registered A 13. 1.1 TIT 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITT 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITT 3.2 NAM 3.3 STR | PAA ve-named corpo orporation's boa NS We have board signature require LE ME SEET ADDRESS Y-ST-ZIP LE ME SEET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its pointment as registered by the control of | registered offi d agent. I am CONTROL Addition |
| NATURE PER ADDRESS SI-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE | tutes, the above orized by the contest. (NOTE: Registered A 13. 1.1 TIT 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITI 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITI 3.2 NAM 3.3 STR 3.4 CITY 3.4 CIT | PAL Ve named corpo Orporation's boa OS V. Standard Signature require LE ME SEET ADDRESS Y-ST-ZIP LE ME SEET ADDRESS Y-ST-ZIP LE AE AE SEET ADDRESS Y-ST-ZIP LE AE LE AE LE AE LE LE LE LE | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its pointment as registered by 22 - 9 OATE FFICERS AND DIRECTO TREAMCT. 3 4990 Change | registered offi d agent. I am CORS IN 12 Addition Addition Addition |
| T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE | (NOTE: Registered A 13. 1.1 TH 1.2 NAM 1.3 STR 1.4 CITY 2.1 THI 2.2 NAM 2.3 STR 2.4 CITY 3.1 THI 3.2 NAM 3.3 STR 4.1 THI 4.2 NAM | PAL Ve named corpo Orporation's boa OS V. Standard Signature require LE ME SEET ADDRESS Y-ST-ZIP LE ME SEET ADDRESS Y-ST-ZIP LE AE AE SEET ADDRESS Y-ST-ZIP LE AE LE AE LE AE LE LE LE LE | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its pointment as registered by 22 - 9 OATE FFICERS AND DIRECTO TREAMCT. 3 4990 Change | registered offi d agent. I am CORS IN 12 Addition Addition Addition |
| T ADDRESS ST-ZIP T ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE | itutes, the above orized by the orites. 13. 1.1 Tit 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITI 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITI 3.2 NAM 3.3 STR 4.4 CITY 4.1 TITI 4.2 NAM 4.3 STRI 4.4 CITY 4.4 CITY | PAL Ve-named corpo Orporation's boa OS Veyant signature require ME ME ME ME ME ME ME ME ME M | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the approach of the part of directors. I hereby accept the approach of the part | purpose of changing its pointment as registered by CATE FFICERS AND DIRECTOR Change TREAMCT. 34990 Change Change | registered off d agent. I am CORS IN 12 Addition Addition |
| T ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS I - ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE | itutes, the above prized by the or tres. 13. 1.1 Tit 1.2 NAM 1.3 STR 1.4 CITY 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR 4.4 CITY 4.1 TITU 4.2 NAM 4.3 STR 4.4 CITY 4.7 TITU 4.5 TITU 4.5 TITU 4.5 TITU 4.5 TITU 4.5 TITU 5.5 TITU 5. | PAA ve-named corpo orporation's boa NS Ve-named corpo orporation's boa NS Versit of the second or the second | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the appropriate of the part of directors. I hereby accept the appropriate of the part of th | purpose of changing its pointment as registered by 22 - 9 OATE FFICERS AND DIRECTO TREAMCT. 3 4990 Change | registered off d agent. I am CONTROL Addition Addition Addition |
| T ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE | tutes, the above orized by the | PAA Ve-named corpo Orporation's boa OS Ve-named corpo Orporation's boa OS Ve-named corpo OF Ve-named corpo OF Ve-named corpo OF Ve-named corpo OF Ve-named corpo Ve-named corp | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the appropriate of the part of directors. I hereby accept the appropriate of the part of th | purpose of changing its pointment as registered by CATE FFICERS AND DIRECTOR Change TREAMCT. 34990 Change Change | registered offi d agent. I am CONSTRUCT Addition Addition Addition Addition |
| T ADDRESS ST-ZIP T ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE | (NOTE: Registered A Land Base 13. | PAGE ADDRESS (-ST-ZIP LE LET ADDRESS (-ST-ZIP LE | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the appropriate of the part of directors. I hereby accept the appropriate of the part of th | purpose of changing its pointment as registered by CATE FFICERS AND DIRECTOR Change TREAMCT. 34990 Change Change | registered off d agent. I am CORS IN 12 Addition Addition |
| T ADDRESS ST-ZIP T ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE | (NOTE: Registered A Land Base 13. | PAGE ADDRESS (-ST-ZIP) LE L | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the appropriate of the part of directors. I hereby accept the appropriate of the part of th | purpose of changing its pointment as registered by CATE FFICERS AND DIRECTOR Change TREAMCT. 34990 Change Change | registered off d agent. I am Compared to the distribution of the |
| NATURE FT ADDRESS ST-ZIP FT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE DELETE | tutes, the above orized by the | PAGE ADDRESS (-ST-ZIP) LE AEET ADDRESS (-ST-ZIP) | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the appropriate of the part of directors. I hereby accept the appropriate of the part of th | purpose of changing its pointment as registered by CATE FFICERS AND DIRECTOR Change TREAMCT. 34990 Change Change | registered offi d agent. I am C ORS IN 12 Addition Addition Addition |
| NATURE | Signatu e, type of printed name of registered age OFFICERS A PS MOLINE, DOUGLAS 425 SW MAPP RD. | ent and the 4 agalicable ND DIRECTORS DELETE DELETE DELETE | (NOTE: Registered A Land 13 STR 14 CITY 4 1 TITL 42 NAM 43 STR 34 CITY 4 1 TITL 42 NAM 43 STR 34 CITY 5 1 TITL 52 NAM 53 STR 54 CITY 6 1 TITL 52 NAM 53 STR 54 CITY 6 1 TITL 52 NAM 53 STR 54 CITY 6 1 TITL 52 NAM 53 STR 54 CITY 6 1 TITL 52 NAM 53 STR 54 CITY 6 1 TITL 62 NAM 53 STR 54 CITY 6 1 TITL 62 NAM | PAGE ADDRESS (-ST-ZIP) LE AEET ADDRESS (-ST-ZIP) | ADDITIONS/CHANGES TO OF SOLUTION SUBJECT OF THE part of directors. I hereby accept the appropriate of the part of directors. I hereby accept the appropriate of the part of th | purpose of changing its pointment as registered by CATE FFICERS AND DIRECTOR Change TREAMCT. 34990 Change Change | registered offi d agent. I am Compared to the |

SIGNATURE: Haufus W Mken 4-22-96 407-283-7462
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dete Depter Provide