SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

FLORIDA DIVERSIFIED CONSTRUCTORS, INC.

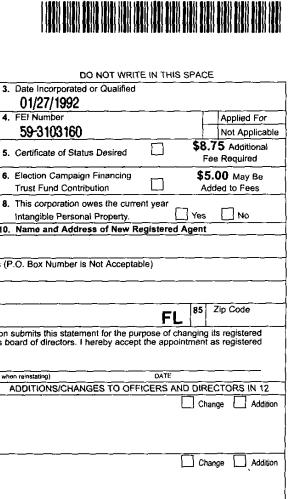
Principal Place of Business Mailing Address 2515 EAST HANNA AVE P O BOX 9658 TAMPA FL 33610 TAMPA LF 33674-9658

2a. Mailing Address

26

**FILED** Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90005 001 \*\*\*550.00



Suite, Apt.	#, etc.	- ·	Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27					Fee Required
City & Stat	e	28	State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the current year
25 29 30			_		intangible Personal Property. Yes No		
Name and Address of Current Registered Agent					Ξ,		10. Name and Address of New Registered Agent
UDADO METLA				81	Name		
JURADO, KEITH M.				82	82 Street Address (P.O. Box Number is Not Acceptable)		
2515 E HANNA AVE				)	51 det Addidss (F.O. DOX 140/106) is 140/ Acceptable)		
TAMPA FL 33610				83			
				į	_		
				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 am familiar with, and accept the obligation	Florida, Suc	ch change was a	authorized	i by i	the corporation	n's board of directors. I hereby accept the appointment as registered
SIGNATURE						<del></del>	ed when reinstating) DATE
40	Signature, typed or printed name of registered agent a OFFICERS AND			TE: Register	ed Ag	ent signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	n OFFICERS AND	DINECTOR	<del></del>	1,1 777			
_	UIDADO METERA A			1.2 NAME		Change Addition	
NAME	•						
STREET ADDRESS	2515 E HANNA AVE			1.3 STF	REETA	ADDRESS	
CITY-ST-ZIP	TAMPA FL			1,4 CIT	Y-ST-	ZIP	·
TITLE	S		L_ DELETE	2.1 TIT	l.E	j	Change ( Addition
NAME	JURADO, CRYSTAL			2.2 NA	ME	ſ	
STREET AODRESS	2515 EAST HANNA AVE			2.3 STF	REETA	VODRESS (	
CITY-ST-ZIP	TAMPA FL			2.4 CIT	Y-ST-	Z/P	
TITLE			DELETE	3.1 TIT	ĽΕ		Change Addition
NAME			_	3.2 NA	ME	)	
STREET ADDRESS				3.3 STF	REETA	ADDRESS	
CITY-ST-ZIP				3.4 CIT	Y-ST-:	ZIP	
TITLE			DELETE	4.1 TIT			Change Addition
NAME				4.2 NA	ME		
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP				4.4 CIT			
TITLE			DELETE	5.1 TIT		<del></del>	Change Addition
NAME			DECEN	5.2 NA			Orange Audiac
STREET ADDRESS						DDRESS	
				5.4 CIT			
CITY-ST-ZIP TITLE			DOCUMENT.	6.1 TIT	_	LIF	[] ^L [] . Lize.
			☐ DELETE				Change Additio
NAME				6.2 NA			
STREET ADDRESS						ADDRESS	
CITY ST ZIP				6.4 C)T			<del></del>
<ol><li>I hereby ce</li></ol>	ertify that the information supplied with th	is filina does	not qualify for the	ne exemp	tion :	stated in section	on 119.07(3)(i), Florida Statutes. I further certify that the information

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, on an attachment with an address.

**SIGNATURE:** 

813 2385010