

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

APPROVED
AND
FILED

98 JAN 27 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DOCUMENT # **V16910** (4)

1. Corporation Name

ANCHOR CONSTRUCTION OF FT MYERS INC.

Principal Place of Business

**10871 SHIRLEY LANE
NORTH FT. MYERS FL 33917**

Mailing Address

**10871 SHIRLEY LANE
NORTH FT. MYERS FL 33917-5719**

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FRALICH, JOHN (IAN)
10871 SHIRLEY LANE
NORTH FT. MYERS FL 33917**

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

[Signature]
Signature typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FRALICH, JOHN (IAN)
10871 SHIRLEY LN.
NORTH FT. MYERS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Pres John Fralich

SAME

10871 Shirley Ln

Ft Myers, FL 33917

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

500002421655--3

-02/04/98--01090--007

******900.00 ****900.00**

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

REINSTATEMENT 1997-98

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

[Signature]

CR2E034 (9/96)