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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V31451

(0)

DUNNELLON SITE WORK, INC.

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business PO BOX 876 DUNNELLON FL 34430		Mailing Address PO BOX 876 DUNNELLON FL 34430-0876							
						Date Incorporated or Qualifie 04/20/1992		Date of Last P 4/11/1996	lepori
···	ace of Business	2a, Mailing Addr	ess			4. FEI Number 59-3117590	<u></u>	Aı	pplied For
21] Suite, Apt 22]	#, etc	F1	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing			May Be	
23] Zip	Country	Zip Country			Trust Fund Contribution	Added to Fees ability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes	Yes No		
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registere	d Agent	
ABB	OTT, GLEN C.			81	Name			·····	
706 SUIT	N. SUNCOAST BLVD.			62	Street Ad	dress (P.O. Box Number is Not Accep	able)		*************************
	STAL RIVER FL 34429			83			····		
				B4	City		F	85 Zip	Code
office or n agent. Lai SiGNATURE	to the provisions of Sections 607,059 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such chan gallons of, Section 607.	go was authorize 0505, Florida Sta	d by tutes	the corpor s.	proporation submits this statement for the ration's board of directors. I hereby accurate when reinstating)	ept the a	ppointment as	ts registered registered
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS A	ND DIRECTOR	RS IN 12
161.6	D DODEDTE	DE DE	LETE 1,1 T	TLŧ				Change	Addition
NAME OFFICE PARTY OF	BASS, ROBERT E 4016 W SOUTHERN ROAD		1,2 N						
STREET ADDRESS CITY: ST: ZIP	LECANTO FL				ADDRESS				
11111		☐ DE			1 · ZIP			Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS	•			
CITY-ST-7/P			2.40	17 Y - S	ST - Z IP				
TIFLE		L_J DE	1.ETE 3.1 TO	TLE				☐ Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CHY-S*-ZiP Title	and which is a second of the second of the second of	☐ DE			ST - 21P			☐ Change	Addition
NAME			4.21					[] Ollolige	Addition
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP					7-ZIP				
TITLE		DE						Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CHY+ST-ZIP				TY-S	T-ZIP				
TiTLE		DE	LEFE 6.1 TO	īLĒ				Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TAEET	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 to 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 count ation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name