3-16-98B-3286-C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	JAL REPORT 1998	L REPORT Secretary of Sta			Secretary of State		
	MENT # V3509 DLDS CONTRACTORS, INC	` '					
Principal Plac 718 EAST VE VENICE FL 3 US	NICE AVE	Mailing Address 718 EAST VENICE AVE VENICE FL 34292 US	718 EAST VENICE AVE VENICE FL 34292		DO NOT WRITE IN THIS SPACE		
2. Principal P	lace of Business	2a, Mailing Address			3. Date Incorporated or Qualified 05/08/1992 4. FEI Number Applied For 65-0330428 Not Applied	ole	
Suite, Apt.	<u></u>	Suite, Apt. #, etc.			5. Certificate of Status Desired Section Fee Required		
City & Stat		City & State	Country		6. Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip 24	Country Zip 25 29 30 9, Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
300 SA 11. Pursuant office or r	egistered agent, or both, in the State	e of Florida. Such chang e w as :	authorized by	City e-named	t Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code	e d	
SIGNATURE	m familiar with, and accept the oblig	_			re required when reinstating) DATE	-	
12.		ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\exists	
NAME STREET ADDRESS CITY-ST-ZIP	PT WEEKS, JAMES B JR. 3067 WILLOW GREEN SARASOTA FL 34235	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 City-S		WEEKS, JAMES B. JR. SOLT WILLOW GREEN SARSSON, FL 34235	on.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BROCKMAN, JAMES T 4505 PERRY RIDGE SARASOTA FL 34233	DELETE	2.1 Title 2.2 Name 2.3 Street 2.4 City-5	ADDRESS	FAULKNER, JAMES A. 5014 WOODLAWN CIRCLS PALMETTO, FL. 34221	on I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.0000000000000000000000000000000000000	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-5	ADDRESS	☐ Change ☐ Addition	on	
TITLE NAME STREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET	address	☐ Change ☐ Addition	nc	
TITLE NAME STREET ADDRESS		□ DELETÉ	4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET	address	Change Addition	anc	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-S	ADDRESS	☐ Change ☐ Addition	nc	

14. Thereby certify that the information supplied with this filling 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:

3 10 98 (94) 485 77 51

FILED

Mar 16 1998 8:00am