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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V36797

(1)

VAN EMMERIK CONSTRUCTION, INC.

Feb 05 1997 8:00am
Secretary of State

**FILED** 

Principal Place of Business Mailing Address					{ I BOOK EKIEDA KANA EKIKI IDDID IDKA IDBA QUELI DIDK DIDK DIDK DIDKI DIBK DIBK IDBAN IDDI					
1418 WEST CAPE CORAL PKWY		1418 WEST CAPE CORAL	1418 WEST CAPE CORAL PKWY							
CAPE CORAL	FL 33914	CAPE CORAL FL 33914-69	953							
							e of Last I 1/1996	Report		
·	Place of Business	2a. Mailing Address			• • •	4. FEI Number		pplied For		
21		26				65-0333561	Not Applicable			
Suite, Apt 22	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional lequired		
City & Sta	ite	City & State				6. Election Campaign Financing	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
23		28				Trust Fund Contribution		to Fees		
Ζιρ <b>24</b>	Country	Zip	h1	ountry		6. This corporation has liability for intangible t		s. 199.032,		
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	т		10. Name and Address of New Registered A				
VAN	EMMERIK, CHRISTOPHER	The state of the s		81	Name	101 (online mile hand and all table inclined by	<b>9</b>			
425 SW 19TH LANE				Ш		·				
•	PE CORAL FL 33991			82	Street A	ddress (P.O. Box Number is Not Acceptable)				
U/AI	E COMPLIE SOSSI			83						
							· · · · ·			
				84	City	FL	85 Zip	Code		
11. Pursuant	to the provisions of Sections 607 050	02 and 607.1508, Florida Statu	ites, the	above	e-named c	orporation submits this statement for the purpose of vation's board of directors. I hereby accept the appo	changing	its registered		
office or agent. La	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was lations of, Section 607,0505. F	authoriz Iorida St	ed by atutes	the corpo	oration's board of directors. I hereby accept the appo	intment a	s registered		
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,								
SIGNATURE	Segretors, typed or proved have of registered ag	ON) elderslager and breater	TE: Register	red Age	nt signature r	aquired when reinstating) DATE	·····			
12.	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	P CAMERIC OURISTON	☐ DETE1E	1.1	TITLE	1		Change	Addition		
Name	VAN EMMERIK, CHRISTOPHEI	4	1.2	NAME	-					
STREET ADDRESS			1.3	STREET	ADDRESS					
CITY - S1 - 7(P	CAPE CORAL FL 33991	Doctor		CITY-S	T-ZIP		16	T Large		
TITLE	DANIELS, RODNEY M.	☐ DETELE		TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition		
NAME	ALA MILL ANTILL OT			NAME						
STREET ADDRESS	CAPE CORAL FL 33914				ADDRESS					
CITY - S1 - ZIP TITLE	T	DELETE		CITY-S	ST- ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition		
NAME	MILLER, JASON A	Fill Dette (t		NAME			viidilys	First Modernali		
STREET ADDRESS	4000 AOADELIV DI VID. 40				ADDRESS					
CITY - S1 - ZIP	CAPE CORAL FL			CITY-S						
TITLE		DELETE	_	TITLE			Change	Addition		
NAME			4. 2	NAME			,			
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY - S1 - 7#P			44	CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1	TITLE			Change	Addition		
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY - ST - 761	<u> </u>			CITY-S	T- ZIP					
TITLE		☐ DELETE	61	TITLE		1	Change	Addition		
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADORESS					
CITY - ST - 74P			6.4	CITY-S	T-21P					

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:** 

Wistoplac & John Childre Met L Ven Emmetix
signature and type of printed Name of signing officer on diffector

941-540-8688