

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

1995 MAY -1 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V56433**  
1. Corporation Name

**Gasco Contractors, Inc.**

**000001492360**  
-05/17/95 -01176 --001  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**11240 Interchange Cir. N. 11240 Interchange Circle, N.**  
**Miramar, Fl. 33025 Miramar, Fl. 33025**

3. Date Incorporated or Qualified **8/10/92** 3a. Date of Last Report **4/1/94**

2. Principal Place of Business **11240** 2a. Mailing Address **11240**  
**21 Interchange Cir.N.** **26 Interchange Cir.N.**

4. FEI Number **65-0351364** Applied For  Not Applicable

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State **23 Miramar, Florida** City & State **28 Miramar, Florida**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country **24 33025 25 U.S.A.** Zip Country **29 33025 30 U.S.A.**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**Corporation Information Services, Inc.**  
**1201 Hayes Street**  
**Tallahassee, Florida 32301**

**10. Name and Address of New Registered Agent**

**81 Name Steve Baloga**  
**82 Street Address (P.O. Box Number is Not Acceptable) 6426 Saranac Circle**  
**83**  
**84 City Davie FL 85 Zip Code 33331**

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]* **Stephen Baloga/Sec., Treas.** **3/20/95**  
DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>President, Director</b>
NAME	<b>Dave Lanham</b>
STREET ADDRESS	<b>6321 S.W. 186 Way</b>
CITY - ST - ZIP	<b>Fort Laud., Fl. 33332</b>
TITLE	<b>Sec./Treas., Director</b>
NAME	<b>Steve Baloga</b>
STREET ADDRESS	<b>6426 Saranac Circle</b>
CITY - ST - ZIP	<b>Davie, Fl. 33331</b>
TITLE	<b>Vice President</b>
NAME	<b>Buddy Twyford</b>
STREET ADDRESS	<b>5100 S.W. 188 Ave.</b>
CITY - ST - ZIP	<b>Fort Laud, Fl. 33332</b>
TITLE	<b>Director</b>
NAME	<b>Ed Ball</b>
STREET ADDRESS	<b>11240 Interchange Circle N.</b>
CITY - ST - ZIP	<b>Miramar, Fl. 33025</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>DELETE</b>
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (7)(3)(b), 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **Stephen Baloga** **3/20/95 (305)431-4105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR