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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V59140

(6)

FILED May 11 1998 8:00am Secretary of State

TRY SO	QUARE GENERAL CONTRA	CTORS, INC.						
Principal Place of Business Mailing Address						1 10011 034001 04110 10101 41031 01014 0014 0	IDER OF DE VIDEO	(A() A1811 (A1)
809 53RD TERRACE N. 809 53RD TERRACE N. ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703					,	DO NOT WRITE IN TH	IS SPACE	
			•			3. Date Incorporated or Qualified		
						08/20/1992		1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21 26						59-3119225	Not Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
27								Required
-	City & State City & State					6. Election Campaign Financing Trust Fund Contribution		O May Be
Zip	Country Zip			ntry		8. This corporation owes or has paid the		
24	25			,		Personal Property Tax due June 30.		Intarigible ☐ No
	9, Name and Address of Current Registered Agent					10. Name and Address of New Registers		
BRUGGE, WALLACE C.					ame			
809 53RD TERRACE N.				B2 S	treet Addin	ess (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33703				<u> </u>		boo (1.0. box 144mbor to 140; 7/550pable)		
-				83				İ
				B4 C	itv		85 Zi	p Code
				ony			L	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								its registered as registered
SIGNATURE								
	Signature, type-I or printed name of registered ag-			Agent si	gnature require	ed when reinstating) DATI		2004110
12.	OFFICERS AN	DELETE	13.	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	BRUGGE, CAROL S.		1.1 UI				- August	/
STREET ADDRESS				1.3 STREET ADDRESS				İ
CITY-ST-ZIP	\$T. PETERSBURG FL			TY-ST-ZI	1			
TITLE	P	DELETE	2.1 111		·		☐ Change	e Addition
NAME	WALLACE, BRUGGE		22 NA	ME	1			
STREET ADDRESS	809 53RD TERR		2.3 ST	REE1 ADD	RESS			
CITY-ST-ZIP	ST PETERSBURG FL		2 4 C	IY-SI-Z	IP .			
TITLE		☐ DELETE	3.1 TII	LE			Change	e 🔲 Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADD	RESS			
CITY-ST-ZIP			3.4. C	TY-\$1-Z	IP.			
TITLE		☐ DELETE	4 1 113				☐ Change	e 🔲 Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				•
CITY-ST-ZIP TITLE		☐ DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change	e Addition
NAME				5.1 THEE 5.2 NAME			- outdige	
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP	•			54 CITY-S1-ZIP				İ
TIFLE		DELETE	61 111				☐ Change	e Addition
NAME				62 NAME			ž	
STREET ADDRESS				REET ADD	RESS			
CITY-ST-ZIP				ry-\$1-Zi				ļ
14. I hereby o	certify that the information supplied w	rith this filing does not qualify fo	or the exe	mption	stated in	Section 119.07(3)(i). Florida Statutes. I further re shall have the same legal effect as if made	certify that ti	he information that I am an

4. I 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 line receiver or fursive or mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

IONATURE INTO SELECT CARES B

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