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Jul 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V64358

(7)

1. Corporation Name

SEMINOLE CONTRACTING SERVICES, INC.



Principal Place of Business

P.O. BOX 139
LARGO FL 34649

Mailing Address

P.O. BOX 139
LARGO FL 33779-0139

2. Principal Place of Business

21 P.O. Box 4699

2a. Mailing Address

26 P.O. Box 4699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 CLEARWATER FLORIDA

City & State

27 CLEARWATER FLORIDA

Zip

23 34618

Country

25 Pinellas

Zip

28 34618

Country

30 Pinellas

9. Name and Address of Current Registered Agent

FRANK, MONGELLUZZI
3080 EAST BAY DR
LARGO FL 34641

3. Date Incorporated or Qualified

09/16/1992

3a. Date of Last Report

07/01/1996

4. FEI Number

59-3144098

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME MONEELLVZZI, CHRISTOPHER
STREET ADDRESS 1901 N MONROE ST, SUITE C
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD
NAME MONGELLOZZI, FRANK
STREET ADDRESS 3198 GULF TO BAY BLVD
CITY-ST-ZIP CLEARWATER FL 34619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD
1.2 NAME MONGELLUZZI, CHRISTOPHER
1.3 STREET ADDRESS 30750 U.S. Highway 19 NORTH
1.4 CITY-ST-ZIP PALM HARBOR, FL 34684

2.1 TITLE PD
2.2 NAME MONGELLUZZI, FRANK
2.3 STREET ADDRESS 30750 U.S. Highway 19 NORTH
2.4 CITY-ST-ZIP PALM HARBOR, FL 34684

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET 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 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

Frank Mongellozzi 7/14/97 (813) 771-1111

CR2E034 (9/96)