FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. Miramar, Fl. 33025	11240 Interchange Circle, N. Miramar, Fl. 33025

3. Date Incorporated or Qualified: 8/10/92

3a. Date of Last Report: 4/1/94

2. Principal Place of Business
21 Interchange Cir.N.
22 Suite, Apt. #, etc.
23 City & State: Miramar,Florida
24 Zip: 33025
25 Country: U.S.A.

2a. Mailing Address
26 Interchange Cir.N.
27 Suite, Apt. #, etc.
28 City & State: Miramar, Florida
29 Zip: 33025
30 Country: U.S.A.

4. FEI Number: 65-0351364 ☐ 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

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: Stephen Baloga/Sec.,Treas. 3/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Dave Lanham 6321 S.W. 186 Way Fort Laud., Fl. 33332	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./Treas., Director Steve Baloga 6426 Saranac Circle Davie, Fl. 33331	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Buddy Twyford 5100 S.W. 188 Ave. Fort Laud, Fl. 33332	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ed Ball 11240 Interchange Circle N. Miramar, Fl. 33025	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DELETE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DD 5-1-95	☐ Change ☐ Addition

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 119.07(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: Stephen Baloga 3/20/95 (305)431-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #