FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 16 AM 10:35

DOCUMENT # **213417** **(9)**

1. Corporation Name

BRICE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
5517 SW 69 TERR GAINESVILLE FL 32608 US	5517 SW 69 TERR GAINESVILLE FL 32608 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1958**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-0843274** ☐ 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

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE FL 32608

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HICKS, THOMAS P., JR.	12 NAME	
STREET ADDRESS	5517 SW 69 TERR	13 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAVID M	22 NAME	
STREET ADDRESS	5517 SW 69 TERR	23 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE, FL 00000	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BRICE, CARLA	32 NAME	
STREET ADDRESS	5517 SW 69 TERR	33 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BRICE, HAZEL M	42 NAME	
STREET ADDRESS	5517 SW 69 TERR	43 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HICKS, ALISON L	52 NAME	
STREET ADDRESS	5517 SW 69 TERR	53 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HICKS, STEPHANIE A	62 NAME	
STREET ADDRESS	5517 SW 69 TERR	63 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	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 119.07(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 added on an attachment with an address.

SIGNATURE: David M. Miller 1-11-95 (904) 372-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
DAVID M. MILLER