

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **235150** (0)

1. Corporation Name
SOLOMON CONSTRUCTION CO OF QUINCY



Principal Place of Business Mailing Address
414 CALDWELL ST.
P.O. BOX 1449
QUINCY FL 32351

3. Date Incorporated or Qualified **04/05/1960** 3a. Date of Last Report **03/27/1995**
 4. FEI Number **59-0901442** 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

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLOMON, S.H.IV
3735 BOBBIN MILL RD.
TALLAHASSEE FL 32312

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 607.1808, 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 type or print name of registered agent or officer or director

DATE type or print name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
VD	SOLOMON, S.H.,JR.III	118 CALHOUN ST.	QUINCY FL	<input type="checkbox"/>
PD	SOLOMON, S.H.,IV	3735 BOBBINMILL RD.	TALLAHASSEE FL	<input type="checkbox"/>
STD	SOLOMON,EDITH	118 CALHOUN	QUINCY FL	<input type="checkbox"/>
ST	MARTELLARO, SHARON A	1406 OSCEOLA ST	QUINCY, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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. (Don't attach with an address.)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sam H. Solomon IV, President

3/18/96 904 627-8428

CR2E034 (12/95)