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 # **G26458** **(1)**

1. Corporation Name

AAA HONEYCUTT PLUMBING AND CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 247 MARY ESTHER FL 32569	P.O. BOX 247 MARY ESTHER FL 32569

3. Date Incorporated or Qualified: **03/03/1983**
3a. Date of Last Report: **03/09/1995**

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 — Country — 25
Zip — 29 — Country — 30

4. FEI Number: **59-2264642** ☐ 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

HONEYCUTT, MARVIN A.
522 PARISH BLVD
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 23 CHOCTAWHATCHEE, SE.

83

84 City: FT. WALTON BEACH **FL** 85 Zip Code: 32548

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's signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HONEYCUTT, MARVIN		1.2 NAME	
STREET ADDRESS	522 PARISH BLVD		1.3 STREET ADDRESS	23 CHOCTAWHATCHEE S.E.
CITY-ST-ZIP	MARY ESTHER FL		1.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HONEYCUTT, ALICE JEAN		2.2 NAME	
STREET ADDRESS	P.O. BOX 247 N.A.		2.3 STREET ADDRESS	23 CHOCTAWHATCHEE S.E.
CITY-ST-ZIP	MARY ESTHER FL 32569		2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEINGASS, MICHAEL		3.2 NAME	
STREET ADDRESS	27 NW POULTON DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: Alice Jean Honeycutt — 4/17/96 — 904-244-9210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALICE JEAN HONEYCUTT