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AND
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95 APR 26 AM 10:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H81999 (5)
1. Corporation Name
T.L. COLE CONSTRUCTION, INC.

Principal Place of Business
**P. O. BOX 5097
OCALA FL 34478**

Mailing Address
**P. O. BOX 5097
OCALA FL 34478**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

3. Date Incorporated or Qualified
10/22/1985

3a. Date of Last Report
04/29/1994

4. FEI Number
59-2621637

Applied For
 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
**COLE, LORETTA A.
4460 S. E. 58 PLACE
OCALA FL 34471**

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 607.0705, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **COLE, TERRANCE L.**

STREET ADDRESS **4460 SE 58 PL**

CITY-ST-ZIP **OCALA FL**

TITLE **DP**

NAME **COLE, LORETTA A.**

STREET ADDRESS **4460 SE 58 PL**

CITY-ST-ZIP **OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **President**

1.3 STREET ADDRESS **COLE, TERRENCE L.**

1.4 CITY-ST-ZIP **4460 SE 58 PLACE**

Ocala FL

2.1 TITLE Change Addition

2.2 NAME **VICE President**

2.3 STREET ADDRESS **COLE, LORETTA A.**

2.4 CITY-ST-ZIP **4460 SE 58 PL**

Ocala FL 34480

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 110.07(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:  **TERRENCE L. Cole** 4/23/95 351-2414 904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #