

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K67968 (3)**

1. Corporation Name

**SOUTHERN CROSS CONTRACTING, INC.**



Principal Place of Business

*New ADDRESS*

Mailing Address

*New ADDRESS*

1267 SECOND ST  
SARASOTA FL 34236  
US

**SOUTHERN CROSS CONTRACTING INC.**  
**2023 CONSTITUTION BLVD.**  
**SARASOTA, FLORIDA 34231**

1267 SECOND ST  
SARASOTA FL 34236  
US

**SOUTHERN CROSS CONTRACTING INC.**  
**2023 CONSTITUTION BLVD.**  
**SARASOTA, FLORIDA 34231**

3. Date Incorporated or Qualified

**02/23/1989**

3a. Date of Last Report

**01/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2023 CONSTITUTION BLVD**  
Suite, Apt #, etc

26 **2023 CONSTITUTION BLVD**  
Suite, Apt #, etc

22

27

City & State

City & State

23 **SARASOTA FL**

28 **SARASOTA FL**

Zip

25 **USA**

29 **34231**

30 **USA**

9. Name and Address of Current Registered Agent

**PROCTOR, JOHN M.**  
**5145 OXFORD DRIVE**  
**SARASOTA FL 34242**

**SOUTHERN CROSS CONTRACTING INC.**  
**2023 CONSTITUTION BLVD.**  
**SARASOTA, FLORIDA 34231**

4. FEI Number

**65-0098630**

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 ineligibility tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number, Not Applicable)

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.1508, Florida Statutes, the above named corporation submits the 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02(2), Florida Statutes.

SIGNATURE

*[Signature]*

12. OFFICERS AND DIRECTORS

|                |  |                                  |
|----------------|--|----------------------------------|
| TITLE          | <b>PT</b>  | <input type="checkbox"/> OFFICER |
| NAME           | <b>PROCTOR, JOHN M. SOUTHERN CROSS CONTRACTING INC.</b>  |                                  |
| STREET ADDRESS | <b>5145 OXFORD DR 2023 CONSTITUTION BLVD.</b>            |                                  |
| CITY- ST- ZIP  | <b>SARASOTA FL SARASOTA, FLORIDA 34231</b>               |                                  |
| TITLE          | <b>VPS</b>   | <input type="checkbox"/> OFFICER |
| NAME           | <b>PROCTOR, LAURA J. SOUTHERN CROSS CONTRACTING INC.</b> |                                  |
| STREET ADDRESS | <b>5145 OXFORD DR 2023 CONSTITUTION BLVD.</b>            |                                  |
| CITY- ST- ZIP  | <b>SARASOTA FL SARASOTA, FLORIDA 34231</b>               |                                  |
| TITLE          |  | <input type="checkbox"/> OFFICER |
| NAME           |  |                                  |
| STREET ADDRESS |  |                                  |
| CITY- ST- ZIP  |  |                                  |
| TITLE          |  | <input type="checkbox"/> OFFICER |
| NAME           |  |                                  |
| STREET ADDRESS |  |                                  |
| CITY- ST- ZIP  |  |                                  |
| TITLE          |  | <input type="checkbox"/> OFFICER |
| NAME           |  |                                  |
| STREET ADDRESS |  |                                  |
| CITY- ST- ZIP  |  |                                  |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |   |
|----------------------|---|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |   |
| 13.3 STREET ADDRESS  |   |
| 13.4 CITY- ST- ZIP   |   |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |   |
| 13.7 STREET ADDRESS  |   |
| 13.8 CITY- ST- ZIP   |   |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |   |
| 13.11 STREET ADDRESS |   |
| 13.12 CITY- ST- ZIP  |   |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |   |
| 13.15 STREET ADDRESS |   |
| 13.16 CITY- ST- ZIP  |   |
| 13.17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME           |   |
| 13.19 STREET ADDRESS |   |
| 13.20 CITY- ST- ZIP  |   |

14. I do hereby certify that the information supplied with this filing is true, complete, correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 attached list of officers and directors.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/15/96*

*94-927 1919*

CR2E034 (12/95)