

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

**APPROVED AND FILED**

**95 APR 26 AM 10:24**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L34208 (3)**

1. Corporation Name  
**ACD CONSTRUCTION CORP.**

Principal Place of Business      Mailing Address

5615 ILLINOIS AVE  
P.O. BOX 1585  
ODESSA FL 34656  
US

5615 ILLINOIS AVE.  
NEW PORT RICHEY FL 34652-9620

2. Principal Place of Business      2a. Mailing Address

21 1928 CHESAPEAKE DR      26 1928 CHESAPEAKE DR.

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23 ODESSA, FL      28 ODESSA, FL

Zip      Country      Zip      Country

24 33556      25 US      29 33556      30 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report

12/04/1989      05/01/1994

4. FEI Number      Applied For

65-0170573      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. 190.032, Florida Statutes      Yes  No

9. Name and Address of Current Registered Agent

DEFORGE DAVYLYN K.  
1928 CHESAPEAKE DR  
ODESSA FL 33556

10. Name and Address of New Registered Agent

B1 Name      DAVYLYN K. DEFORGE

B2 Street Address (P.O. Box Number is Not Acceptable)      1928 CHESAPEAKE DR.

B3

B4 City      ODESSA      FL      B5 Zip Code      33556

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: *Davylyn K. DeForge*      DATE: 4/16/95

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

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------|---|---|
| TITLE                      | DPT                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DEFORGE, ANDREW C.  | 1.2 NAME  |   |
| STREET ADDRESS             | 1928 CHESAPEAKE DR  | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ODESSA FL           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | S                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DEFORGE, ANDREW C.  | 2.2 NAME  |   |
| STREET ADDRESS             | 1928 CHESAPEAKE DR  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ODESSA FL           | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | ST                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DEFORGE, DAVYLYN K. | 3.2 NAME  |   |
| STREET ADDRESS             | 1928 CHESAPEAKE DR  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ODESSA FL           | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 4.2 NAME  |   |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME  |   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 6.2 NAME  |   |
| STREET ADDRESS             |                     | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                     | 6.4 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 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: *Davylyn K. DeForge*      DATE: 4/16/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)

*Davylyn K. DeForge*