

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L51157 (0)**

1. Corporation Name  
**BILL NELSON CONSTRUCTION CO., INC.**



Principal Place of Business: **ROUTE 1, BOX 158B LAMONT FL 32336**  
Mailing Address: **ROUTE 1, BOX 158B LAMONT FL 32336**

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

3. Date Incorporated or Qualified: **02/19/1990**  
3a. Date of Last Report: **03/30/1995**  
4. FEI Number: **59-2995534**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

Applied For Not Applicable  
**\$8.75 Additional Fee Required**  
**\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**NELSON, BILL  
ROUTE 1, BOX 158B  
LAMONT FL 32336**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS  
1. TITLE: **P**  DELETE  
NAME: **NELSON, BILL**  
STREET ADDRESS: **RT. 1, BOX 158B**  
CITY- ST- ZIP: **LAMONT, FL 32336**  
2. TITLE: **VST**  DELETE  
NAME: **NELSON, BRENDA**  
STREET ADDRESS: **RT. 1, BOX 158B**  
CITY- ST- ZIP: **LAMONT, FL 32336**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE:  Change  Addition  
2. NAME:  
3. STREET ADDRESS:  
4. CITY- ST- ZIP:  
5. TITLE:  Change  Addition  
6. NAME:  
7. STREET ADDRESS:  
8. CITY- ST- ZIP:  
9. TITLE:  Change  Addition  
10. NAME:  
11. STREET ADDRESS:  
12. CITY- ST- ZIP:  
13. TITLE:  Change  Addition  
14. NAME:  
15. STREET ADDRESS:  
16. CITY- ST- ZIP:  
17. TITLE:  Change  Addition  
18. NAME:  
19. STREET ADDRESS:  
20. 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 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: *Brenda J. Nelson*, **Brenda J. Nelson** 3/29/96 904/997-8380  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR For Date or Phone #

CR2E034 (12/95)