FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -2 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L84464** **(1)**

1. Corporation Name
CONTRACTORS INDUSTRIAL CHOICE, INC.

000001473660
-05/03/95--01118--015
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3800 N. DAVIS HWY PENSACOLA FL 32503	PO BOX 9397 PENSACOLA FL 32513-9397 US

3. Date Incorporated or Qualified: **06/29/1990**
3a. Date of Last Report: **04/21/1994**

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

4. FEI Number: **59-3016175** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWISHER, JOHN E. 2950 5TH AVE. N. ST. PETERSBURG FL 33713	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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date. Failure (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	DEMOSS, BRENDA S	12 NAME	
STREET ADDRESS	725 ARTILLERY RANGE	13 STREET ADDRESS	
CITY ST ZIP	SPANISH FT. AL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DEMOSS, MARK D	22 NAME	
STREET ADDRESS	725 ARTILLERY RANGE	23 STREET ADDRESS	
CITY ST ZIP	SPANISH FT. AL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	PARSONS, H. M	32 NAME	
STREET ADDRESS	3781 PLANTERS CREEK CIR EAST	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	DEMOSS, BRENDS S	42 NAME	
STREET ADDRESS	725 ARTILLERY RANGE	43 STREET ADDRESS	
CITY ST ZIP	SPANISH FT. AL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PARSONS, H. M	52 NAME	
STREET ADDRESS	3781 PLANTERS CREEK CIR EAST.	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: [signature] 4-24-95 904 432 8000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF MEMBER OF OFFICER OR DIRECTOR — Date — Telephone Number

CR4E042 FP