

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M93201** (5)

1. Corporation Name
C.C. BORDEN CONSTRUCTION, INC.



Principal Place of Business
**800 LOMAX STREET, SUITE 121
P.O. BOX 2378
JACKSONVILLE FL 32203**

Mailing Address
**800 LOMAX STREET, SUITE 121
P.O. BOX 2378
JACKSONVILLE FL 32203**

2. Principal Place of Business
21 **1019 Rosselle St**
Suite, Apt. #, etc.
22
City & State
23 **Jacksonville FL**
Zip Country
24 **32204 Duval**

2a. Mailing Address
26 **P.O. Box 2378**
Suite, Apt. #, etc.
27
City & State
28 **Jacksonville, FL**
Zip Country
29 **32203** 30 **Duval**

3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **03/20/1995**
4. FEI Number **59-2911644** 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

**BORDEN CAMILLE C
800 LOMAX STREET, SUITE #121
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **1019 Rosselle Street**
83
84 City **Jacksonville** FL 85 Zip Code **32204**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Agent (Type or Print Name of Agent)

Signature of Approving Officer (Type or Print Name of Approving Officer)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D BORDEN, CAMILLE	<input type="checkbox"/> DELETE
2. STREET ADDRESS	P.O. BOX 2378	
3. CITY-STATE-ZIP	JACKSONVILLE FL	
4. TITLE		<input type="checkbox"/> DELETE
5. NAME		
6. STREET ADDRESS		
7. CITY-STATE-ZIP		
8. TITLE		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY-STATE-ZIP		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY-STATE-ZIP		
16. TITLE		<input type="checkbox"/> DELETE

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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: *Camille C Borden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR
Camille C. Borden, President

2/8/96 **354-3458**
DATE DAY-TIME PHONE #

CR2E034 (12/95)