

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37419 (9)**

1. Corporation Name  
**COLSON & COLSON GENERAL CONTRACTOR, INC.**



Principal Place of Business  
~~P.O. BOX 14111~~  
~~P.O. BOX 14111~~ SALEM OR 97309  
Att'n: D. Colson  
US

Mailing Address  
Att'n: D. Colson  
P.O. BOX 14111  
SALEM OR 97309  
US

3. Date Incorporated or Qualified **02/03/1992** 3a. Date of Last Report **08/24/1995**

4. FEI Number **93-0969479** 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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25.

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, HUGH D.	1.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	1.4 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	2.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRINGER, HANNELORE	3.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.	4.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	5.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, HUGH D.	6.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	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 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: William E. Colson 1-24-96 503 3707070  
Date Daytime Phone #

CR2E034 (12/95)