

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

53 MAY 10 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008676 (8)

1. Corporation Name

SFG CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1453 BOOTH DR VALRICO FL 33594 US	P.O. BOX 102 VALRICO FL 33594 US

3. Date Incorporated or Changed	3a. Date of Last Report
11/30/1992	07/25/1994
4. FEI Number	Applied For
65-0379076	Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business	2b. Mailing Address
21. State App. # etc.	26. State App. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAMBLIN, ROBERT L 1453 BOOTH DR. VALRICO FL 33594	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME	1.1 NAME
1. STREET ADDRESS	1.1 STREET ADDRESS
1. CITY, ST, ZIP	1.1 CITY, ST, ZIP
2. NAME	2.1 NAME
2. STREET ADDRESS	2.1 STREET ADDRESS
2. CITY, ST, ZIP	2.1 CITY, ST, ZIP
3. NAME	3.1 NAME
3. STREET ADDRESS	3.1 STREET ADDRESS
3. CITY, ST, ZIP	3.1 CITY, ST, ZIP
4. NAME	4.1 NAME
4. STREET ADDRESS	4.1 STREET ADDRESS
4. CITY, ST, ZIP	4.1 CITY, ST, ZIP
5. NAME	5.1 NAME
5. STREET ADDRESS	5.1 STREET ADDRESS
5. CITY, ST, ZIP	5.1 CITY, ST, ZIP
6. NAME	6.1 NAME
6. STREET ADDRESS	6.1 STREET ADDRESS
6. CITY, ST, ZIP	6.1 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.02, 139.03, 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 of change, or on an attachment with an address.

SIGNATURE *Robert L. Shamblin* **ROBERT L. SHAMBLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR