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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P95000024010 (7)

1. Corporation	MENT # P950( Name ERHEAD CONSTRUCTION		010 (7	')							
Principal Place of Business Mail			Address			,		88111 <b>9</b> 831	0 14011 BIE11 BOID	: IIO15 & DIT 1001	
1560-3 CAPITAL CIRCLE N.W. TALLAHASSEE FL 32303			1560-3 CAPITAL CIRCLE N.W. TALLAHASSEE FL 32303								
							3. Date Incorporated or Qualified 03/24/1995	<b>3a.</b> D	ate of Last Re	port	
2. Principal Pla	ice of Business	<b>├</b> ─¬	ling Address				4. FEI Number	1/ 1		Applied For	
Suite, Apt. 4	26 Suit		Suite, Apt. #, etc.				59-330304	S8 7		Not Applicable Additional	
2018, Apt. •	e, ew.	27	e, Ancie,				5. Certificate of Status Desired			Required	
City & State	City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
23 Zip	Country	28 Zip	Zip Countr				8. This corporation has liability for intangible tax under s. 199.032,				
4	25 Name and Address of Curr	29	d Anent	30			Florida Statutes Yes  10. Name and Address of New R		d Agent		
	g. Name and Address of Curr	en negistere	Agent		31	Name	IO. Hame and Address of New II	<b>-9.0.0.</b>	- July		
DAVID, KENNETH W					32	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
1560-3 CAPITAL CIRCLE N.W.											
TALLAH	ASSEE FL 32303			E	33						
				ε	34	City		F	. 85 Zıç	Code	
or register	ad agont or both in the State of Ho	orda Such cha	aga was authorz	sed by the ca	1_ 0 -Nê 1600	amed corpor	ation submits this statement for the pur d of directors. I hereby accept the app	pose of o	changing its reastered	egistered office agent I am	
familiar wit	th, and accept the obligations of Sc	ection 607.0505	r, Florida Statutes	,	,		, ,		Ü	•	
SIGNATURE _	Signature ityped or proceed name of registered ag	je dano tro Lapplica	ilm- (*4C	ile BajsandA	or :	Sejest in Disjurces	t when ren stating)	DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFF	CERS A	ND DIRECTO  Change	RS IN 12 Addition	
TITLE	DAME PENDETH W		☐ DELETE	1 1 101 1 2 NAV					☐ Change	[] V36 (00)	
NAME STREET ADDRESS	DAVIS, KENNETH W 1560-3 CAPITAL CIRCLE N	JW				AODR: SS					
CITY-ST-ZIP	TALLAHASSEE FL 32303	4-14.		1.4 (.11)							
TITLE			☐ DÉLETE	2 1 JH					Change	Addition	
NAME				2.2 NAM	Æ						
STREET ADDRESS				2.3 STA	£1.13	ADDRESS					
CITY-ST-ZIP				24 CITs		- ZIP		J			
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STREET ADDRESS						ADDRESS					
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TITLE NAME STHEET ADDRESS			☐ DELETE	4 1 TU 4 2 NAN 4 3 SER	LE AE REE1 A	ADDRESS		<del></del>	☐ Change	Addition	
TITLE NAME STHEET ADDRESS CITY+ST-ZIP			DELETE	4 1 TH 4 2 NAN	LF AB REET A	ADDRESS				Addition	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE				4 1 111 4 2 NAY 4 3 STR 4 4 CIT	LF AE REET A Y ST LF	ADDRESS					
TITLE NAME STHEET ADDRESS CITY: ST-ZIP TITLE NAME				4 1 TH 4 2 NAY 4 3 STR 4 4 C(T) 5 1 TH 5 2 NAM	LE AE EE 1 A Y ST LE	ADDRESS -ZIP					
TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS				4 1 TH 4 2 NAY 4 3 STR 4 4 C(T) 5 1 TH 5 2 NAM	LF AE EET A Y ST LF ME	ADDRESS -ZiP -ZiP					
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TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP				4 1 TH 4 2 NAM 4 3 STR 4 4 CIT 5 1 H 5 2 NAM 5 3 STR 5 4 CIT	LF MEXT A Y ST LF MF MEET A Y - ST	ADDRESS -ZiP -ZiP			☐ Change	☐ Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs 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: KWD Kenneth W David

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH W. DAVIS

(904-933-9184