

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V65475 (8)
1. Corporation Name
COQUINA ENGINEERING AND CONSTRUCTION, INC.

Principal Place of Business Mailing Address
**3605 CONWAY GARDENS RD.
ORLANDO FL 32806**

FILED
95 JAN 27 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1992		3a. Date of Last Report 04/29/1994	
21		26		4. FEI Number 59-3145427		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		28		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☒ Yes ☐ No	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FINN, ARNOLD A 3605 CONWAY GARDENS RD. ORLANDO FL 32806				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				1.2 NAME			
NAME				1.3 STREET ADDRESS			
STREET ADDRESS				1.4 CITY - ST - ZIP			
CITY - ST - ZIP				2.1 TITLE			
2.2 NAME				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
3.1 TITLE				3.2 NAME			
NAME				3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY - ST - ZIP			
CITY - ST - ZIP				4.1 TITLE			
4.2 NAME				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5.1 TITLE				5.2 NAME			
NAME				5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY - ST - ZIP			
CITY - ST - ZIP				6.1 TITLE			
6.2 NAME				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 118.07(3)(k), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: *John Dinmore* **John Dinmore - P**

January 24, 1995 (407) 851-5587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone