FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN 21 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77040 (7)

1. Corporation Name
MIKE NOURSE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4268 PROGRESS AVE. 2190 J & C BLVD NAPLES FL 33942 US	5070 12TH AVE. SW 2190 J & C BLVD NAPLES FL 33999 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1988
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 1076 INDUSTRIAL BLVD
22: Suite, Apt. #, etc.
23: City & State: NAPLES, FL
24: Zip: 33942
25: Country: USA

2a. Mailing Address
26: 1076 INDUSTRIAL BLVD
27: Suite, Apt. #, etc.
28: City & State: NAPLES, FL
29: Zip: 33942
30: Country: USA

4. FEI Number: 65-0142427 ☐ 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

NOURSE, MICHAEL E.
4268 PROGRESS AVE.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: NOURSE, MICHAEL E
82 Street Address (P.O. Box Number is Not Acceptable): 1076 INDUSTRIAL BLVD
83:
84 City: NAPLES FL 85 Zip Code: 33942

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: Michael E Nourse — MICHAEL E NOURSE — 5/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NOURSE, MICHAEL E.	12 NAME	000001520060
STREET ADDRESS	5070 12TH AVE. S.W.	13 STREET ADDRESS	-06/22/95--01007--023
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	****225.00 ****225.00
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	NOURSE, KATHLEEN A.	22 NAME	
STREET ADDRESS	5070 12TH AVE. S.W.	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	LUKAS, CAROL W	32 NAME	
STREET ADDRESS	597 BAY VILLAS LANE	33 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33963	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	NOURSE, MIKE JR.	42 NAME	
STREET ADDRESS	2950 4TH STREET, NE	43 STREET ADDRESS	
CITY ST ZIP	NAPLES FL 33964	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	NOURSE, MARK A.	52 NAME	
STREET ADDRESS	110 29TH ST., NW	53 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Kathleen A Nourse — 5/31/95 — 813-262-7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KATHLEEN A NOURSE

0332245 CP