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 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **157471** **(4)**

1. Corporation Name
EUGENE THOMAS CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
341 W. FORSYTH STREET JACKSONVILLE FL 32202	341 W. FORSYTH STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1949
3a. Date of Last Report: 09/13/1994

2. Principal Place of Business
21 2447 SEGOVIA AVE
22 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL
24 Zip: 32217-2626
25 Country: USA

2a. Mailing Address
26 2447 SEGOVIA AVE
27 Suite, Apt. #, etc.
28 City & State: JACKSONVILLE, FL
29 Zip: 32217-2626
30 Country: USA

4. FEI Number: 59-0768014 ☐ 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

DUBOSE, JOHN L
2447 SEGOVIA AVE.
JACKSONVILLE FL 32217 -2626

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	DUBOSE, JOHN L	12 NAME	
STREET ADDRESS	2447 SEGOVIA	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DUBOSE, JOHN L	22 NAME	
STREET ADDRESS	2447 SEGOVIA	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DUBOSE, JUDY	32 NAME	
STREET ADDRESS	2447 SEGOVIA	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	34 CITY-ST-ZIP	
TITLE	VP D	41 TITLE	☐ Change ☒ Addition
NAME	CHARLES KRUEGER	42 NAME	← PLEASE ADD
STREET ADDRESS	4618 EMPIRE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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)(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: John L DuBose MAY 12, 1995 904-733-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
JOHN L. DUBOSE

0013779 CP