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 APR 18 PM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **176172** **(5)**

1. Corporation Name
WM. P. TINNEY CONSTRUCTION CO.

Principal Place of Business	Mailing Address
1418 PENMAN RD P. O. BOX 50943 JACKSONVILLE BEACH FL 32240	1418 PENMAN RD P. O. BOX 50943 JACKSONVILLE BEACH FL 32240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1050 24th St. N.	2a. Mailing Address: 26 P.O. Box 50943
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Jacksonville Beach, FL	City & State: 28 Jacksonville Beach, FL
Zip: 24 32250 Country: 25	Zip: 29 32240 Country: 30

3. Date Incorporated or Qualified: 12/10/1953
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-0714741 ☐ 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

KELLEY, SARA LEE
1418 PENMAN ROAD
JACKSONVILLE BCH FL 32250-3674

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1050 24th St. N.
83
84 City: Jacksonville Beach FL 85 Zip Code: 32250

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 title if applicable) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	KELLEY, SARA LEE	1.2 NAME	
STREET ADDRESS	1300 BLACK OAK DR	1.3 STREET ADDRESS	110 San Felipe
CITY ST ZIP	CAROLTON TX	1.4 CITY ST ZIP	Gun Barrel City, TX 75147
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLEY, MARTIN J.	2.2 NAME	
STREET ADDRESS	1300 BLACK OAK DR	2.3 STREET ADDRESS	110 San Felipe
CITY ST ZIP	CAROLTON TX	2.4 CITY ST ZIP	Gun Barrel City, TX 75147
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		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 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: [signature] 4/14/95 904 246-0504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sara Lee Kelley

0407026 FP