

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 184411 (7)
1. Corporation Name
CESERY CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

WILLIAM R CESERY
2647 CESERY BLVD
JACKSONVILLE FL 32211

WILLIAM R CESERY
2647 CESERY BLVD
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

04/07/1955

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CESERY, WILLIAM R JR
2647 CESERY BLVD.
JACKSONVILLE FL 32211

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 of person to be registered agent (if not the corporation)

Signature of Registered Agent (signature must be in ink)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STO
CESERY, V.H.
2647 CESERY BLVD
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
PD
CESERY, WILLIAM R., JR.
2647 CESERY BLVD.
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
VD
TAYLOR, MARTHA C
2647 CESERY BLD
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
VD
CESERY, BARBARA H
2647 CESERY BLVD
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS
33 CITY-ST-ZIP

4. TITLE ☐ Change ☒ Addition

41 NAME
42 STREET ADDRESS
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition

71 NAME
72 STREET ADDRESS
73 CITY-ST-ZIP

8. TITLE ☐ Change ☐ Addition

81 NAME
82 STREET ADDRESS
83 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 I changed or am an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

904-244-5322

CR2E034 (12/95)