

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

REPUBLICAN PARTY OF FLORIDA  
 ANNUAL REPORT  
 1995

FLORIDA DEPARTMENT OF STATE  
 JAMES B. MATHIAS  
 GOVERNOR

DOCUMENT # **199106** (6)  
**G.H. STENNER & CO., INC.**



**APPROVED**  
**FILED**  
 MAY 1 1995  
 TALLAHASSEE, FLORIDA

3174 DESALVO RD.  
 JACKSONVILLE FL 32216

3174 DESALVO RD.  
 JACKSONVILLE FL 32216

2. [ ] 2a. [ ]  
 21. [ ] 26. [ ]  
 22. [ ] 27. [ ]  
 23. [ ] 28. [ ]  
 24. [ ] 25. [ ] 29. [ ] 30. [ ]

3. Date of Report: **01/15/1997**  
 3a. Date of Last Report: **05/01/1994**

4. FE Number: **59-0791535**

5. Certificate Status:  Deleted **\$8.75 Additional Fee Required**

6. Electronic Reporting:  Yes  No **\$5.00 May Be Added to Fees**

7. This certificate is the subject of an order to revoke:  Yes  No

9. Name and Address of Current Registered Agent  
**STENNER, G H**  
**10708 EXECUTIVE DRIVE**  
**JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

B1. Name  
 B2. Street Address (P.O. Box Number is OK)  
 B3.  
 B4. City  
 FL B5. Zip Code

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct. I am the duly authorized representative of the corporation and I am duly qualified to execute this report as required by the Florida Statutes. The above named corporation is subject to the provisions of the Florida Statutes. The above named corporation is subject to the provisions of the Florida Statutes. The above named corporation is subject to the provisions of the Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	CTD STENNER, GUSTAV H. 10708 EXECUTIVE DR. JACKSONVILLE, FL 00000	13. APPROVED TO MAKE SIGNATURES	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	PD STENNER, ERIC G 4380 MICKLER CUTOFF RD PALM VALLEY, FL 00000		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

14. I, the undersigned, do hereby certify that the information supplied with this filing is substantially true and correct. I am the duly authorized representative of the corporation and I am duly qualified to execute this report as required by the Florida Statutes. The above named corporation is subject to the provisions of the Florida Statutes. The above named corporation is subject to the provisions of the Florida Statutes. The above named corporation is subject to the provisions of the Florida Statutes.

SIGNATURE: *Eric G. Stenner* President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 (904) 641-1666

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
CORPORATION  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA 32304

DOCUMENT # **208623**

(9)

**WARD RIDGE CONSTRUCTION COMPANY, INCORPORATED**

APPROVED

9:45

STATE  
FLORIDA

1331 W. CENTRAL BLVD  
ORLANDO FL 32805

1331 W. CENTRAL BLVD.  
ORLANDO FL 32805

STATE OF FLORIDA

2	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
9. Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent									
DEAL, TROY M., JR. 1331 W. CENTRAL BLVD. ORLANDO FL 32805											81. Name 82. Street Address 83. City 84. State 85. Zip Code									

9. Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent									
DEAL, TROY M., JR. 1331 W. CENTRAL BLVD. ORLANDO FL 32805											81. Name 82. Street Address 83. City 84. State 85. Zip Code									

11. Registered Agent's Signature and Address: I, the undersigned, being duly sworn, depose and say that I am the registered agent for the corporation named herein, and that I am qualified to act as such agent under the laws of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as such agent under the laws of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as such agent under the laws of the State of Florida.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	CP DEAL, TROY M., JR. 1331 W. CENTRAL BLVD. ORLANDO FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD FOX, STEPHEN M. 1331 W. CENTRAL BLVD. ORLANDO FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the registration stated in the report. I further certify that the information made about on the annual report or supplement is true and correct, and I certify that the information shall have the same legal effect as if made on oath. I certify that the information made about on the annual report or the report of the registered agent is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as such agent under the laws of the State of Florida. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as such agent under the laws of the State of Florida.

SIGNATURE: *Stephen M. Fox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Stephen M. Fox  
4/28/95  
107/849-6420

