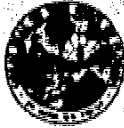


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 248309

(7)

1. Corporation Name

PAUL M. DURHAM CONTRACTOR, INC.

Principal Place of Business

PAUL M DURHAM
BOX 6250, 5105 EDGEWOOD CT.
JACKSONVILLE, FL 32205

Mailing Address

PAUL M DURHAM
BOX 6250, 5105 EDGEWOOD CT.
JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1961

3a. Date of Last Report

04/26/1994

4. FEI Number

59-0932943

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 32254

25

29 32236-6250

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM A. BILLY
6239 SAGE DRIVE
JACKSONVILLE FL 32210

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BESSENT, MARION P
STREET ADDRESS 3817 VALENCIA RD
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME BILLY, WILLIAM A
STREET ADDRESS 6239 SAGE DR
CITY-ST-ZIP JACKSONVILLE, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LANGE, ROBERT C
STREET ADDRESS 1520 OCEOLA ST
CITY-ST-ZIP JACKSONVILLE, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CHANCELLOR, J L
STREET ADDRESS 1716 CLEMSON RD
CITY-ST-ZIP JACKSONVILLE, FL 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME BILLY, ANNE L
STREET ADDRESS 6239 SAGE DR
CITY-ST-ZIP JACKSONVILLE, FL 00000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BILLY, WILLIAM A, JR
STREET ADDRESS 6233 SAGE DR
CITY-ST-ZIP JACKSONVILLE, FL 00000

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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 addition with an address.

SIGNATURE: William A. Billy, E. President

4/17/95 904/783-0230

SIGNATURE AND TYPED OR PRINTED NAME OF JOINING OFFICER OR DIRECTOR

Date

Signature Number