

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **248309** (7)

1. Corporation Name

PAUL M. DURHAM CONTRACTOR, INC.



Principal Place of Business

Mailing Address

**PAUL M DURHAM
BOX 6250, 5105 EDGEWOOD CT.
JACKSONVILLE FL 32254
US**

**PAUL M DURHAM
BOX 6250, 5105 EDGEWOOD CT.
JACKSONVILLE FL 32236-6250
US**

3. Date Incorporated or Qualified
06/10/1961

3a. Date of Last Report
04/20/1995

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

25

29

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 then applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BESSENT, MARION P	
STREET ADDRESS	3817 VALENCIA RD	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BILLY, WILLIAM A	
STREET ADDRESS	6239 SAGE DR	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGE, ROBERT C	
STREET ADDRESS	1520 OCEOLA ST	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHANCELLOR, J L	
STREET ADDRESS	1716 CLEMSON RD	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BILLY, ANNE L	
STREET ADDRESS	6239 SAGE DR	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLY, WILLIAM A, JR	
STREET ADDRESS	6233 SAGE DR	
CITY-STATE-ZIP	JACKSONVILLE, FL 00000	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KLINE, NAOMI P.	
1.3 STREET ADDRESS	2064 Myra Street	
1.4 CITY-STATE-ZIP	Jacksonville, FL 32204	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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:

William A. Billy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996 7830230

DATE

DATE/TIME PHONE

CR2E034 (12/95)