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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	1
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1. Corporation Name	

248309

(7)

PAUL M. DURHAM CONTRACTOR, INC.								
Principal Place o	of Business	Mailing Address			1 188(18 118)1 \$1801 18188 12111 0	ANG ISH GIGIL GI	Att Diff.) Att.	I BIBIL BIBIL HADI
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 o	of Last Rep)4/20/19	
2. Principal Plac	of Business	2a. Mailing Address			4. FEI Number	.1		oplied For
21. Principal Mac	e or pusitiess	26		59-0932943	Not Applicable			
Suite, Apt. #, etc. Suite. Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional		
22		27			J. Certificate of Status 1203/607		Fee Re	equired
City & State		City & State			6. Election Campaign Financing		,	May Be
23		28			Trust Fund Contribution			to Fees
Ζφ 	Country	Zip	Countr	У	This corporation has liability for Florida Statutes	intangible tax : Do	unders i	199.032,
24	25 9. Name and Address of Current	Registered Agent	[30]		10. Name and Address of New F		gent	
	9. Name and Address of Current	ricgistered Agent	8	1 Name			<u> </u>	- LE
TAME LEA	M A. BILLY		B:	Olean A	ddress (P.O. Box Number is Not Acceptal	1 <u>a</u>)		
	M A. DILLI SAGE DRIVE		B	2 Street At	odress (P.O. box Number is Not Acceptain	.110)		
	SONVILLE FL 32210		8	3				
JACKS	OMMILL IE SEE IO		8	4 City			85 Zip	Code
			*	- City		FL	03 2.5	0030
12.	Signature, typisk or milited sizm is of registrated agent a OFFICERS AND		13.		pied vince renetating ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
TITLE	D DECORAGE MARION D	- Kuttu	I		D			
NAME	BESSENT, MARION P 3817 VALENCIA RD		1.5 8:611		-			
STREET ADDRESS	3817 VALENDIA RD		1.2 NAM	1	KLINE, NAOMI P.			
			1.3 STHE	ET ADDRESS	KLINE, NAOMI P.	32204		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	□ DELETE	1.3 STHE	ET ADDRESS -ST-ZI-	-] Change	Addition
TrTLF	JACKSONVILLE, FL 00000 PD	DELETE	1.3 STRE 1.4 CHY	ET ADORESS -ST-ZI-3 E	KLINE, NAOMI P.] Change	Addition
	JACKSONVILLE, FL 00000 PD BILLY, WILLIAM A	☐ DELETE	1.3 STHE 1.4 CHY 2.1 TITL 2.2 NAM	ET ADORESS -ST-ZI-3 E	KLINE, NAOMI P.] Change	Addition
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TITLE NAME STREET ADDRESS	JACKSONVILLE, FL 00000 PD BILLY, WILLIAM A 6239 SAGE DR	☐ DELETE	1.3 STHE 1.4 CHY 2.1 TITU 2.2 NAM 2.3 STHE	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	KLINE, NAOMI P.		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 00000 PD BILLY, WILLIAM A 6239 SAGE DR JACKSONVILLE, FL 00000 D LANGE, ROBERT C	_	1 3 STHE 1 4 CHY 2 1 THU 2 2 NAM 2 3 STHE 2 4 CHY	E I ADDRESS -S1-ZI-2 F IE EE I ADDRESS -S1-ZIP E	KLINE, NAOMI P.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE, FL 00000 PD BILLY, WILLIAM A 6239 SAGE DR JACKSONVILLE, FL 00000 D LANGE, ROBERT C 1520 OCEOLA ST	_	1.3 STHE 1.4 CAIV 2.1 TAIV 2.2 NAM 2.3 STHE 2.4 CAIV 3.1 TAIV 3.2 NAM 3.3 STH	ET ADDRESS -ST-ZI-2 E E ETT ADDRESS -ST-ZIP E E EEL ADDRESS	KLINE, NAOMI P.			
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JACKSONVILE FL 00000

14. For hereby certify that the information supplied with this filing is votentially furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes if 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:

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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