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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address  
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 04/15/1996
4. FEI Number 59-0932943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
WILLIAM A. BILLY  
6239 SAGE DRIVE  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KLINE, NAMOI P
STREET ADDRESS	2084 MYRA ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	BILLY, WILLIAM A
STREET ADDRESS	6239 SAGE DR
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LANGE, ROBERT C
STREET ADDRESS	1520 OCEOLA ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	STD <input type="checkbox"/> DELETE
NAME	BILLY, ANNE L
STREET ADDRESS	6239 SAGE DR
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BILLY, WILLIAM A, JR
STREET ADDRESS	6233 SAGE DR
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KLINE, NAMOI P.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 WILLIAM A. BILLY 904-7830230 4/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)