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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1961

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

Signature: typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME KLINE, NAOMI P  
STREET ADDRESS 2084 MYRA STREET  
CITY-ST-ZIP JACKSONVILLE FL

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I 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

April 27 1998 504.7620280

CR2E034 (10/97)