FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:03

DOCUMENT # **318089** **(0)**

1. Corporation Name
ROYCE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
2200 N TROPICAL TRAIL MERRITT ISLAND FL 32953	2200 N TROPICAL TRAIL MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1967**
3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **59-1376281** ☐ 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

9. Name and Address of Current Registered Agent

LAY, ROY
2200 N. TROPICAL TRAIL
MERRITT ISLAND FL 32952

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 type(s) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name/address changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	S/T	☒ Change ☐ Addition
NAME	~~LAY, BETTY~~	12 NAME	LAY, RALPH G.	
STREET ADDRESS	2200 N TROPICAL TRAIL	13 STREET ADDRESS	2200 N. Tropical Trail	
CITY ST ZIP	MERRITT ISLAND FL	14 CITY ST ZIP	Merritt Island, Florida 32952	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	LAY, ROYCE	22 NAME		
STREET ADDRESS	2200 N TROPICAL TRAIL	23 STREET ADDRESS		
CITY ST ZIP	MERRITT ISLAND FL	24 CITY ST ZIP		
TITLE	~~D~~	31 TITLE	V/P	☒ Change ☐ Addition
NAME	~~LAY, BEMIS~~	32 NAME	LAY, ROVALD	
STREET ADDRESS	~~LEMON STREET~~	33 STREET ADDRESS	2200 N. TROPICAL TRAIL	
CITY ST ZIP	~~CHARRES FL~~	34 CITY ST ZIP	MERRITT ISLAND, FL 32952	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST 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)(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: W. Royce Lay Pres. 3/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0070800 CP