

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:07

DOCUMENT # **328833** (9)

1. Corporation Name

JAMES B. PIRTLE CONSTRUCTION COMPANY, INC.

Principal Place of Business

**6120 WASHINGTON STREET
HOLLYWOOD FL 33023**

Mailing Address

**6120 WASHINGTON STREET
HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1968

3a. Date of Last Report

01/25/1994

2. Principal Place of Business

21 2230 S.W. 70 Ave., #1

2a. Mailing Address

26 2230 S.W. 70 Ave., #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Davie, Florida

City & State

Davie, Florida

23 Zip

33317

Country

USA

Zip

33317

Country

USA

4. FEI Number

59-1211364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 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

**PIRTLE, JAMES B.
6120 WASHINGTON STREET
HOLLYWOOD, 33023**

10. Name and Address of New Registered Agent

81 Name

James B. Pirtle

82 Street Address (P.O. Box Number is Not Acceptable)

2230 S.W. 70 Ave., #1

83

84 City

Davie

FL

85 Zip Code

33317

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 the applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SDT
NAME	MANNETTA, SUZANNE
STREET ADDRESS	7554 STIRLING RD, STE 206
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	PD
NAME	PIRTLE, JAMES B., SR.
STREET ADDRESS	6201 SW 130 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VPD
NAME	PIRTLE, MARY K
STREET ADDRESS	6201 SW 130TH AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VPD
NAME	GEARY, MICHAEL S
STREET ADDRESS	5950 SW 127 AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and equally for the corporation's return to Section 199.0306, 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:

Suzanne Munnell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne Munnell
Secretary

1/10/95

305 975-8870