

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 354458

(2)

1. Corporation Name

SHERROD CONSTRUCTION COMPANY, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 24 PM 2:24

Principal Place of Business

**2001 SW 100 TERRACE
MIRAMAR FL 33025**

Mailing Address

**2001 SW 100 TERRACE
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/28/1969

3a. Date of Last Report
01/25/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1273547

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

**SHERROD, JOAN
14601 PALOMINO DR
FT LAUDERDALE, FL
33330**

10. Name and Address of New Registered Agent

81 Name

JOAN SHERROD

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

2001 SW 100 TERRACE

83

84 City

MIRAMAR

FL

85

Zip Code
33025

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SHERROD, JOAN**
STREET ADDRESS **14601 PALOMINO DR**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **DS**
NAME **SHERROD, CURTIS**
STREET ADDRESS **14601 PALOMINO DR**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE **TD**
NAME **SHERROD, JOAN**
STREET ADDRESS **14601 PALOMINO DR**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SHERROD, JOAN**
1.3 STREET ADDRESS **2001 SW 100 TERRACE**
1.4 CITY-ST-ZIP **MIRAMAR FL 33025**

2.1 TITLE **DS** ☒ Change ☐ Addition
2.2 NAME **SHERROD, CURTIS**
2.3 STREET ADDRESS **2001 SW 100 TERRACE**
2.4 CITY-ST-ZIP **MIRAMAR, FLORIDA 33025**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **SHERROD, JOAN**
3.3 STREET ADDRESS **2001 SW 100 TERRACE**
3.4 CITY-ST-ZIP **MIRAMAR, FL 33025**

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 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)(k), 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: *Joan Sherrod Pres* JOAN SHERROD, PRESIDENT 1/16/95 (305)431-1657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number