

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 401419

(7)

1. Corporation Name

CMI CONSTRUCTION, INC.



Principal Place of Business

12800 UNIVERSITY DRIVE  
SUITE 350  
FT. MYERS FL 33907

Mailing Address

12800 UNIVERSITY DRIVE  
SUITE 350  
FT. MYERS FL 33907

3. Date Incorporated or Qualified  
05/18/1972

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
59-1417776

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

10. Name and Address of New Registered Agent

PAVELKA, RAYMOND A.  
12800 UNIVERSITY DRIVE  
SUITE 350  
FORT MYERS FL 33907

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 607.1503, 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's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V  
NAME DIXON, JIM  
STREET ADDRESS 12800 UNIVERSISTY DR., STE. 350  
CITY-ST-ZIP FORT MYERS FL

TITLE S  
NAME WEAVER, CAROL  
STREET ADDRESS 12800 UNIVERSITY DR #350  
CITY-ST-ZIP FT MYERS FL

TITLE TD  
NAME TAYLOR, ROBERT M  
STREET ADDRESS 12800 UNIV. DR. #350  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE P  
NAME BLACKETER, JOE K  
STREET ADDRESS 12800 UNIVERSITY DR #350  
CITY-ST-ZIP FT. MYERS FL

TITLE AS  
NAME PIIRAINEN, KATHY  
STREET ADDRESS 12800 UNIVERSITY DR #350  
CITY-ST-ZIP FT MYERS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

Linda M. Suszek, AS  
12800 University Drive - #260  
Fort Myers, FL

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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. DIXON, JR.

4/25/88

841/48/2011

CR2E034 (12/95)