

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

AND
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CORPORATION
ANNUAL REPORT
1995



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

95 APR 28 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 427107 (8)

1. Corporation Name

CULLISON-WRIGHT CONSTRUCTION CORP

Principal Place of Business

112 N E 12TH ST
PO BOX 2498
OCALA FL 34478

Mailing Address

112 N E 12TH ST
PO BOX 2498
OCALA FL 34478

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/01/1973

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1441025

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CULLISON, JERRY B.
112 NE 12TH ST.
OCALA FL 32870

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CULLISON, JERRY
STREET ADDRESS	1403 S.E. FT. KING
CITY- ST- ZIP	OCALA FL
TITLE	TD
NAME	CULLISON, VIRGINIA
STREET ADDRESS	1403 S.E. FT. KING
CITY- ST- ZIP	OCALA FL
TITLE	VPD
NAME	MANSFIELD, SANDRA CULLIS
STREET ADDRESS	2875 S.E. 34TH STREET
CITY- ST- ZIP	OCALA FL
TITLE	SD
NAME	COBB, LORA
STREET ADDRESS	RT. 4B OX 731G
CITY- ST- ZIP	SILVER SPGS. FL
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	VPD	☐ Change ☒ Addition
1.2 NAME	CULLISON, SARA	
1.3 STREET ADDRESS	1403 SE FT KING	
1.4 CITY- ST- ZIP	OCALA FL	
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 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)(b), 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:

Jerry Cullison

Jerry Cullison

4-26-95 904-629-9572

Date

Typed Name