

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 # 427107 (8)

1. Corporation Name

CULLISON-WRIGHT CONSTRUCTION CORP



Principal Place of Business

112 N E 12TH ST
PO BOX 2496
OCALA FL 34478

Mailing Address

112 N E 12TH ST
PO BOX 2496
OCALA FL 34478

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/01/1973	04/28/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1441025	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	
Country	Country	☐	
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CULLISON, JERRY B.
112 NE 12TH ST.
OCALA FL 32670

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL 34470
83.	
84. City	

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 approach

DATE Registered Agent Signature printed name and address

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CULLISON, JERRY	1.2 NAME	
STREET ADDRESS	1403 S.E. FT. KING	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	CULLISON, VIRGINIA	2.2 NAME	
STREET ADDRESS	1403 S.E. FT. KING	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	MANSFIELD, SANDRA CULLIS	3.2 NAME	
STREET ADDRESS	2875 S.E. 34TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	COBB, LORA	4.2 NAME	
STREET ADDRESS	RT. 4,B OX 731G	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPGS. FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	CULLISON, SARA	5.2 NAME	
STREET ADDRESS	1043 SE FT KING	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Jerry B. Cullison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 31 1996 352-629-9572
Corporate Franchise

CR2E034 (12/95)