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**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
Division of Corporations

95 MAY -1 PM 2:18

DOCUMENT # **451707** (4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
VERNON CONSTRUCTION CORPORATION

Principal Office of Corporation
**7241 S.W. 168 STREET
MIAMI FL 33157**

Main Office Address
**7241 S.W. 168 STREET
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date first organized or qualified **06/07/1974** 3a. Date of Last Report **05/01/1994**

2. Principal Office of Corporation 21	2a. Main Office Address 26	4. FCI Number 59-1606173	Applied For <input type="checkbox"/> Not Applicable
22. State of Office	27. State of Office	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. County	29. County	8. This corporation has liability for intangible tax under F.S. 199.012, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. City	30. City		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VERNON, WILLIAM G.
10100 S.W. 90 AVENUE
MIAMI FL 33176**

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VERNON, WILLIAM G. 10100 S.W. 90 AVENUE MIAMI FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & ZIP		4. CITY & ZIP	
TITLE	ST VERNON, JANE A. 10100 S.W. 90 AVENUE MIAMI FL	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY & ZIP		24. CITY & ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY & ZIP		34. CITY & ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY & ZIP		44. CITY & ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY & ZIP		54. CITY & ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY & ZIP		64. CITY & ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.02(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same legal effect as if made under oath. That each an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE: William J. Vernon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4774) 305-255-1999