

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 10:00

DOCUMENT # 452509 (3)
1. Corporation Name
CONSOLIDATED BUSINESS MACHINES CORPORATION

Principal Place of Business Mailing Address
3934 NW 24 ST 3934 NW 24 ST
MIAMI FL 33142 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1974 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1533126 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Reporting 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

FERNANDEZ, BRAULIO
11950 S.W. 24 TERRACE
MIAMI FL 33175

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, CLARA	2. NAME	
STREET ADDRESS	11950 SW 24TH TERR	3. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	4. CITY - ST - ZIP	
TITLE	PD	21. TITLE	☐ Change ☐ Addition
NAME	BRAULIO, FERNANDEZ	22. NAME	
STREET ADDRESS	11950 SW 24TH TERR	23. STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	24. CITY - ST - ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 the 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 as an attachment with an address.

SIGNATURE: *Braulio Fernandez* BRAULIO FERNANDEZ 6/8/95 305/871-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Sandra B. Mortham
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 455784 (9)

1. Corporation Name

PEAVY & SON CONSTRUCTION CO., INC.

Principal Place of Business

**US 27 NORTH
ROUTE 4, BOX 2090
HAVANA FL 32333**

Mailing Address

**US 27 NORTH
ROUTE 4, BOX 2090
HAVANA FL 32333**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1974

3a. Date of Last Report
06/15/1994

4. FEI Number
59-1576957

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 interstate tax under s. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**PEAVY, MAGNUS DELACY, III
1810 SAGEWAY DR.
TALLAHASSEE FLORIDA**

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 of corporation

NOTE: Registered Agent signature required when negotiating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEAVY, MAGNUS DELACY, III
STREET ADDRESS	1810 SAGEWAY DR
CITY ST ZIP	TALLAHASSEE FL
TITLE	D
NAME	PEAVY, MAGNUS DELACY, JR
STREET ADDRESS	RT 4 BOX 2160
CITY ST ZIP	HAVANA FL
TITLE	ST
NAME	PEAVY, GLORIA
STREET ADDRESS	RT. 4
CITY ST ZIP	HAVANA FL
TITLE	AST
NAME	ALLEN, ELKE
STREET ADDRESS	1431 FEFREY RD
CITY ST ZIP	TALLAHASSEE FL
TITLE	V
NAME	PEAVY, MAGNUS DELACY
STREET ADDRESS	ROUTE 4, BOX 150
CITY ST ZIP	HAVANA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), 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: Elke Allen **Elke Allen** 6/9/95 (904) 339 5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)