

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 9:24

DOCUMENT # **465193** (1)

1. Corporation Name

SCHERER CONSTRUCTION & ENGINEERING, INC.

Principal Place of Business

**2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713
US**

Mailing Address

**2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1974

3a. Date of Last Report

01/24/1994

4. FEI Number

59-1576790

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SCHERER, CLARK H., III
2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	CROOKSTON, JAMES.
STREET ADDRESS	2152 14 CIRCLE N.
CITY ST ZIP	ST. PETERSBURG FL
TITLE	PT
NAME	SCHERER, CLARK H. III
STREET ADDRESS	2152 14TH CIRCLE N.
CITY ST ZIP	ST. PETERSBURG FL
TITLE	VP
NAME	MARRINGTON, JOHN M.
STREET ADDRESS	2152 14TH CIRCLE NORTH
CITY ST ZIP	ST. PETERSBURG FL
TITLE	V
NAME	KEATOR, CLARK
STREET ADDRESS	5979 VINELAND ROAD, SUITE #304
CITY ST ZIP	ORLANDO FL
TITLE	V
NAME	SIMMONS, KENNETH L.
STREET ADDRESS	2152 14TH CIRCLE NORTH
CITY ST ZIP	ST. PETERSBURG 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 110.07(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:

Signature: Typed or printed name of signing officer or director

5-30-95

813-8221245