FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **468738** **(0)**

1. Corporation Name

SEMCO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
205 CENTURY BLVD. P.O. BOX 706 BARTOW FL 33830	205 CENTURY BLVD. P.O. BOX 706 BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1975**

3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: **59-1570067** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOCKE, CARL E 2075 CHEROKEE BARTOW FL 33830	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	11 TITLE	DV	☐ Change ☒ Addition
NAME	LOCKE, CARL E. SR.	12 NAME	BEASLEY, DANNY	
STREET ADDRESS	2075 CHEROKEE	13 STREET ADDRESS	7905 WALKER LAKE ROAD	
CITY ST ZIP	BARTOW FL	14 CITY ST ZIP	BARTOW FL 33830	
TITLE	DP	21 TITLE	DT	☐ Change ☒ Addition
NAME	LOCKE, CARL E. JR.	22 NAME	LOCKE, SHANE D.	
STREET ADDRESS	216 COLLEGE GROVE.	23 STREET ADDRESS	2075 CHEROKEE STREET	
CITY ST ZIP	WINTER HAVEN FL	24 CITY ST ZIP	BARTOW FL 33830	
TITLE		31 TITLE	DV	☐ Change ☒ Addition
NAME		32 NAME	McENDREE, PATRICIA	
STREET ADDRESS		33 STREET ADDRESS	1977 CAMELOT COURT SW	
CITY ST ZIP		34 CITY ST ZIP	WINTER HAVEN FL 33880	
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)(i), 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: Carl E. Locke, Jr. Carl E. Locke, Jr. 4/14/95 813/533-7193
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

4/24

038074 CP