

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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 468738 (0)

1. Corporation Name  
SEMCO CONSTRUCTION, INC.

Principal Place of Business

205 CENTURY BLVD.  
P.O. BOX 706  
BARTOW FL 33830

Mailing Address

205 CENTURY BLVD.  
P.O. BOX 706  
BARTOW FL 33830

3. Date Incorporated or Qualified  
01/29/1975

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

30 33831

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

LOCKE, CARL E  
2075 CHEROKEE  
BARTOW FL 33830

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST  
NAME LOCKE, CARL E. SR.  
STREET ADDRESS 2075 CHEROKEE  
CITY-ST-ZIP BARTOW FL ☐ DELETE

TITLE DP  
NAME LOCKE, CARL E. JR.  
STREET ADDRESS 216 COLLEGE GROVE.  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE DV  
NAME MCENDREE, PATRICIA  
STREET ADDRESS 1977 CAMELOT COURT S.W.  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☒ DELETE

TITLE DV  
NAME BEASLEY, DANNY  
STREET ADDRESS 7905 WALKER LAKE ROAD  
CITY-ST-ZIP BARTOW FL 33830 ☐ DELETE

TITLE DT  
NAME LOCKE, SHANE D  
STREET ADDRESS 2075 CHEROKEE STREET  
CITY-ST-ZIP BARTOW FL 33830 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 1934 Thoroughbred Drive  
5.4 CITY-ST-ZIP Gotha FL 34743

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 533-7193

Date

Daytime Phone #

CR2E034 (12/95)