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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name

(4)

SPECIALTY CONSTRUCTORS, INC.

Principal Place of Business Mailing Address						1 100/31 0/003 10/04 10/10 0/100 F	ILOG EIEF OIOIL I		91851 91811 91811 1881	
111 RIVERS JACKSONVI	IDE AVE. LLE FL 32202-4950	111 RIVERSIDE AVE. JACKSONVILLE FL 32202-4950								
							3. Date incorporated or Qualified 08/29/1975	3a. Date	of Last 01/31/	
2. Principal Plac	ce of Business	2a. Malling Address					4. FEI Number			Applied For
21	oto	Suite, Apt. #, etc.					59-1618747 Not Applicat			Not Applicable
Suite, Apt. #	, etc.	27					5. Certificate of Status Desired	[3]	,	B Required
City & State		City & State					6. Election Campaign Financing		\$5.	00 May Be
23		28				ŀ	Trust Fund Contribution			led to Fees
Zφ	Country Zip Cou			ntry	8. This corporation has liability for intangible tax under s			s 199.032,		
24	25 29 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	negistered Agent		81	Name		IV. Name and Address of New F	ogistered /	-tyout	
MANDEDODIES O SOMIADO							···			
VANDERGRIFF, C. EDWARD 1950 LARGO PLACE				82	Street	Address	s (P.O. Box Number is Not Acceptab	10)		
	ONVILLE FL 32207	8								
UNDINO	ONVICE VE OBEO!		-	B4	City				85 2	Zip Code
			}	ا"	City			FL	. 63 1	24p 000e
11. Pursuant to	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida	and 607,1508, Florida Statutes,	the above	ve-na	amed co	orporation	on submits this statement for the pur	pose of cha	anging its	s registered office
familiar with	i, and accept the obligations of, Section	n 607.0505, Florida Statutes.	by ine c	Vμ	лацогта	Dodici	or orectors. Thereby accept the upp	on torror to	registore	po agont: rum
SIGNATURE _										
12.	ignature, typed or printed name of registered agent an OFFICERS AND		Registered 13.	Agent	signature n	equired w	nen reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	TORS IN 12
TILE	S	DELETE	1. 1 TI	TLE		Ι	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	
NAME	VANDERGRIFF, C.EDWARD	_	1.2 NAME							
STREET ADDRESS	111 RIVERSIDE AVE	1.3 \$		1.3 STREET ADDRESS						
C-TY-ST-ZIP	11 A14 A15 HILL TO THE A14 A1			IY-ST	- ZIP					
TITLE	PD	☐ DELETE	2 1 TITL					[Change	e 🔲 Addition
NAME	HASKELL, PRESTON H			ME						
STREET ADDRESS				2.3 STREET ADDRESS						
CITY - SE - ZIP				ITY-ST-ZIP				г	Change	e
TI?LE NAME	V DAVIOD LADDVE	Broad								7,00,000
NAME STREFT ADDRESS					REET ADDRESS					
CITY-S1-ZIP				3.4 CITY - SI - ZIP						
TITLE			4. 1 TI			V			Change	e 🗶 Addition
NAME	OSTERMAN JR, PETER R 42		4.2 NA	4.2 NAME M1		Mu.	Mullinix Jr, Edward			
STREE; ADDRESS	111 RIVERSIDE AVE			i _		i	111 Riverside Avenue			
CITY-ST-ZIP				4.4 CITY - ST - ZIP			acksonville, FL 32202			
TITLE		☐ DELETE	5. 1 Ti					[Change	e 🔲 Addition
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 Cit 6. 1 Ti		- ZIP				Change	e [1] Addition
TITEF NAME			6.2 NA]		L		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI							
14 Ldo bereby	certify that the information supplied wi	th this filing is voluntarily furnish	ed and o	does	not oua	alify for	the exemption stated in Section 119	.07(3)(k), Flo	rida Staf	lutes. I further
oath: that I	the information indicated on this annua am an officer or directer of the corpora Block 12 or Block 13 if changed, or or	ation or the receiver or trustee e	emnower	s true red te	e and ac execut	curate te this r	ਬਾਕ ਸ਼ਰੂ ਜਾਂਦੂ signature snaii nave the eport as required by Chapter 607, Fl	same iegal orida Statut	ellect as es; and t	s ii made under that my name
		//		_						

SIGNATURE:

4/23/96 (904) 791-4500

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