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FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 483633

(4)

1. Corporation Name

SPECIALTY CONSTRUCTORS, INC.

Principal Place of Business

Mailing Address

111 RIVERSIDE AVE.
JACKSONVILLE FL 32202-4950

111 RIVERSIDE AVE.
JACKSONVILLE FL 32202-4921

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

VANDERGRIFT, C. EDWARD
1950 LARGO PLACE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

08/29/1975

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1618747

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

Yes

□

No

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 S ☐ DELETE

NAME VANDERGRIFT, C. EDWARD
STREET ADDRESS 111 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD ☐ DELETE

NAME HASKELL, PRESTON H
STREET ADDRESS 111 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE V ☒ DELETE

NAME PAYLOR, LARRY E.
STREET ADDRESS 111 RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE V ☐ DELETE

NAME MULLINIX, EDWARD W JR.
STREET ADDRESS 111 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Zip Code = 32202

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Zip Code = 32202

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Zip Code = 32202

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing 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

4/16/97 (904) 291-4500

CP2E034 (9/96)