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

DOCUMENT #
1. Corporation Name

520526

(5)

CONWAY	CONSTRUCTION	COMPANY	OE	DALATEA	INC
COMMAT	CONSTRUCTION	CUMPANT	U٢	PALATKA.	ING.

									'I BIBN BIBN BIBN 1881	
Principal Place of Business Mailing Address					T I DOKAN DIHU TIBUR ADIDI DIND TED	NA BINI BYÐUL ÐIÐYN ÐIÐ				
109 N. 2ND 109			109 N. 2ND	ONWAY CONSTRUCTION CO OF PALATKA, INC. 39 N. 2ND ALATKA FL. 32177-3705						
							3. Date Incorporated or Qualified	3a. Date of Las	'	
2. Principal Pla	ace of Rusiness	722	Mailing Address				12/17/1976 4. FEI Number	⊥ 03/17	//1995	
2. Principal Place of Business		26	. Mailing Address					-	Applied For	
Suite, Apt. #, etc.		+	Suite, Apt. #, etc.			<u> </u>	59-1708183 Not Applica			
22 City & State		27	City & State				5. Certificate of Status Desired Status Desired Fee Required			
23		28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country		Zip	<b>⊢</b> −¬	untry		8. This corporation has liability for in		rs 199.032,	
24	9. Name and Address of Current I	29 Poolet	arad Agont	30	η	·	Florida Statutes X Yes			
	p. Manie and Address of Current	registi	ereu Agent		81	Namo	10. Name and Address of New Re	egistered Agent		
					"	Name				
	R, TWILA C.				82	Street Addres	s (P.O. Box Number is Not Acceptable	e)		
802 S. 15TH STREET					83	·····				
PALATI	KA FL 32077				03					
					84	City		<b>-</b> 85	Zip Code	
11 Purcuant to	o the provisions of Sections 607 0502 or		1500 Clarida Ctatut		L			FL  °°		
Di Tegisteri	o the provisions of Sections 607.0502 at ed agent, or both, in the State of Florida b, and accept the delegations of Section	. Sucn	change was authoriz	ea by the	ove-n	iameo corporati oration's board	on submits this statement for the purp of directors. I hereby accept the appo	oose of changing i Intment as reciste	ts registered office   red agent. Lam	
(Critinieri AAII	h, and accept the obligations of, Section	1 607.0	505, Florida Statutes					J		
SIGNATURE	Signature, typed or printed name of registered agent an:	N title at on	of at to	TL District	4 40000	t signature required w				
12.	OFFICERS AND I	~		I 13.	a Agen	r sgratte tedarea w	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIREC	TORS IN 12	
TITLE	VD		DELETE	1 1 1	ITLE			☐ Chan		
NAME	KNIGHT, GLENDA C			12 N	AME					
STREET ADDRESS	4111 BARRET			1.3 S	TREET	ADDRESS				
CITY-ST-7:P	PLANT CITY FL				·TY-\$					
TITLE	STD		DELETE	2.17				[ ] Chang	ge Addition	
NAME	MILLER, TWILA C			2 2 N	AME				_	
STREET ADDRESS	802 SOUTH 15TH STREET			238	TREET	ADDRESS				
CITY-ST-ZIP	PALATKA, FL 00000			240	ITY - SI	1 - ZIP				
TITLE	PD		DELETE	3 11				Chang	ge 🔲 Addition	
NAME	SCHMIDT, GLORIA C.			3 2 N	AME					
STREET ADDRESS	4444 NORTH 47TH ST.			3.3. 9	TREEI	ADDRESS				
CITY-S1-ZIP	PHOENIX AZ			3.4 C	ITY - \$1	T-ZIP				
TITLE			DELETE	4 1 1	ITLE			Chang	ge Addition	
NAME				42 N	AME					
STREET ADDRESS				438	REET.	ADDRESS				
CITY-ST-ZIP				44C	ITY-\$1	1-ZIP				
TITLE			DELETE	5 1 T	IILE			Chang	ge Addition	
NAME :				5.2 N.	AME					
STREET ADDRESS				53\$	FREET	ADDRESS				
CITY+ST-ZIP					TY-S!	1-ZIP				
TITLE			DELETE	6 1 1		+		Cnang	e 🔲 Addition	
NAME				6.2 N	AME				İ	
STREET ADDRESS				6.3 \$	IREE1	ADORESS			1	
CITY-ST-ZIP	and the stand stand to the			6.4 CI	1Y-S1	1-21P				
en Loo nereby	certify that the information supplied with	n this fi	ing is voluntarily fumi	isned and	ooes	not qualify for t	the exemption stated in Section 119.0	7(3)(k), Florida Sta	itutes. I further	

certify that the information indicated on this annual report or supplemental annual report is 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

4-30-96 (904) \$25-7474

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CR2E034 (12/95)