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 # **530577** **(6)**

1. Corporation Name

O'BRIEN/SILVESTRI CONSTRUCTION, INC.

Principal Place of Business
~~1294 TIMBERLANE RD.~~
~~P O BOX 14077~~
~~TALLAHASSEE FL 32317~~

Mailing Address
~~1294 TIMBERLANE RD.~~
~~P O BOX 14077~~
~~TALLAHASSEE FL 32317~~

3. Date Incorporated or Qualified: 04/01/1977
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business
21 1435 - Piedmont Dr E
Suite, Apt. #, etc.
22 210
City & State
23 Tallahassee Fl
Zip 24 32312 Country 25

2a. Mailing Address
26 PO Box 14077
Suite, Apt. #, etc.
27
City & State
28 Tallahassee Fl
Zip 29 32317 Country 30

4. FEI Number: 59-1838076 — 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

MOORE, W. TAYLOR
430 BEARD ST.
TALLAHASSEE FL 32303

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 below of signatory as particularized above) (NEW Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	O'BRIEN, TIMOTHY J.	
STREET ADDRESS	6523 AQUADUCT CT.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	O'BRIEN, DIANNE E.	
STREET ADDRESS	6523 AQUADUCT CT.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	☐ DELETE
NAME	SILVESTER, KEN P.	
STREET ADDRESS	3328 W. LAKESHORE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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		
5.4 CITY-ST-ZIP		
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: _____ 5/8/96 (904) 562-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Timothy J. O'Brien

CR2E034 (12/95)