FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:19

DOCUMENT # 562053 (9)

1. Corporation Name
W.A. NEUMANN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
39756 MEADOWOOD LOOP P.O.BOX 596 ZEPHRHILLS FL 33539	39756 MEADOWOOD LOOP P.O.BOX 596 ZEPHRHILLS FL 33539

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/15/1978
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21: 5720 Gall Blvd
22 Suite, Apt. #, etc.: Suite #3
23 City & State: Zephyrhills Fla.
24 Zip: 33540
25 Country: Pasco

2a. Mailing Address
26: P.O. Box 596
27 Suite, Apt. #, etc.:
28 City & State: Zephyrhills Fla.
29 Zip: 33539
30 Country: Pasco

4. FEI Number: 59-1819167 ☐ 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

GIBBS, A.P.
610 1/2 EAST CHURCH AVE
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: Gibbs, A.P.
82 Street Address (P.O. Box Number is Not Acceptable):
83: 37911 Heather Place
84 City: Dade City FL 85 Zip Code: 33525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	NEUMANN, WARREN A J	1.2 NAME	NEUMANN WARREN A J
STREET ADDRESS	39756 MEADOWOOD LOOP	1.3 STREET ADDRESS	36707 LAUREL OAK LANE
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	Dade City Fla.
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: W.A. Neumann 1-11-95 (813) 782-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440841 FP