

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 # 573304 (3)

1. Corporation Name

OENBRINK CONSTRUCTION COMPANY, INC.



Principal Place of Business

945 26TH STREET
P.O. BOX 2590
WEST PALM BEACH FL 33407
US

Mailing Address

945 26TH STREET
WEST PALM BEACH FL 33407
US

3. Date Incorporated or Qualified
05/23/1978

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

21 945 26th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

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4. FEI Number
59-1822730

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

OENBRINK, JEROME C.
945 26TH STREET
WEST PALM BEACH FL

10. Name and Address of New Registered Agent

81 Name

Oenbrink, August H. Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

945 26th Street

83

84 City

West Palm Beach

FL

85 Zip Code
33407

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

August H. Oenbrink Jr.

Oenbrink, August H. Jr. SDT Feb. 26, 1996

Signature of registered agent and name of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME OENBRINK, AUGUST H JR

STREET ADDRESS 945 26TH STREET

CITY- ST- ZIP WEST PALM BCH FL

2. TITLE

NAME SDT

STREET ADDRESS 945 26TH STREET

CITY- ST- ZIP WEST PALM BCH FL

3. TITLE

NAME OENBRINK, JEROME C

STREET ADDRESS 945 26TH STREET

CITY- ST- ZIP WEST PALM BCH FL

4. TITLE

NAME DP

STREET ADDRESS 945 26TH STREET

CITY- ST- ZIP WEST PALM BCH FL

5. TITLE

NAME OENBRINK, STANLEY H

STREET ADDRESS 945 26TH STREET

CITY- ST- ZIP WEST PALM BCH FL

6. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

7. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

8. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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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: August H. Oenbrink Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 26, 1996 407 833-4600

Date

Daytime Phone #

CR2E034 (12/95)