

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 23 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **583527** (7)
1. Corporation Name
DREGGORS CONSTRUCTION, INC.

Principal Place of Business Mailing Address
3430 N WOODLAND BLVD DELAND FL 32720 **3430 N WOODLAND BLVD DELAND FL 32720**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/28/1978	04/26/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1845016	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
26		31		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
27		32		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DREGGORS, CHYREL 2804 CONCORD ROAD DELAND FL 32720				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	806 Bay Tree Circle DeLand, Fl 32724		
				84	City		85
FL							

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREGGORS, J. RICHARD	1 2 NAME	
STREET ADDRESS	2804 CONCORD RD	1 3 STREET ADDRESS	806 Bay Tree Circle
CITY - ST - ZIP	DELAND FL	1 4 CITY - ST - ZIP	DeLand, Fl 32724
TITLE	TV	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREGGORS, CHYREL	2 2 NAME	
STREET ADDRESS	2804 CONCORD RD	2 3 STREET ADDRESS	806 Bay Tree Circle
CITY - ST - ZIP	DELAND, FL 00000	2 4 CITY - ST - ZIP	DeLand, Fl 32724
TITLE	SD	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREGGORS, RICHARD C.	3 2 NAME	J. Richard Dreggors
STREET ADDRESS	2804 CONCORD RD	3 3 STREET ADDRESS	806 Bay Tree Circle
CITY - ST - ZIP	DELAND, FL 00000	3 4 CITY - ST - ZIP	DeLand, Fl 32724
TITLE	D	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREGGORS, J.MICHAEL	4 2 NAME	DELETE DIRECTOR POSITION & NAME
STREET ADDRESS	2804 CONCORD RD	4 3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chyrel Dreggors* 4-24-95 904 236-3477
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Typed Name)