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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

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| DOCUN 1. Corporation | | 43 (9) | | | | |
| | S AND ASSOCIATES COI | NSTRUCTION COLING | | | | |
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| | | | | | | |
| Principal Place | of Business | Mailing Address | | | | |
| 2 DAVID ST. STE. C | | 2 DAVID ST. Ste. C | | | | |
| | BCH FL 32547 | FT. WALTON FL 3254 | \$ 7 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| US | | US | | | 11/08/1978 | 05/01/1995 |
| 2. Principal Pla | ce of Business | 2a, Mailing Address | | | 4. FEI Number | Applied For |
| 1 | | 26 | | | 59-1903808 | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 2 City 9 Carto | | City & State | | | 6. Flection Campaign Financing | Fee nequired |
| City & State | | 28 | | | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation has liability for i | |
| 4 | 25 | 29 | 30 | , | | □No |
| | 9. Name and Address of Curr | ent Registered Agent | 8 | T | 10. Name and Address of New R | egistered Agent |
| | | | 8 | 1 | | |
| | , BRENDA W | | 8: | Street Add | ress (P.O. Box Number is Not Acceptab | le) |
| |) ST. "C" .TON FL 32547 | | 8: | 3 | | |
| FI. WAL | ION FL 32347 | | L | | | |
| | | | 8 | Gity | | FL 85 Zip Code |
| SIGNATURE _ | Signature, typed or printed name of registered as OFFICERS A | ent and fide if apolicate (N AND DIRECTORS | Offi - Registereo Ag | ent signature recjoin | ad when reinstaning ADDITIONS/CHANGES TO OFF | CATE ICERS AND DIRECTORS IN 12 |
| 11'LF | PD | ☐ DELETE | 1 1 TitL | | | Change Addition |
| NAME | HARRIS, BRENDA W. | | 1.2 NAM | | | |
| STREET ADDRESS | 2 DAVID ST. "C" | | | EL ADDRESS | | |
| CITY+ST-ZIF TITLE | FT. WALTON FL VPST | [7] DELETE | 14 CITY 2 1 TITU | | | Change Addition |
| NAME | HARRIS, W. DOUGLAS | | 2 2 NAM | | | |
| STREET ADDRESS | 2 DAVID ST. "C" | | 23 STRE | ET ADDRESS | | |
| CITY - ST - ZIP | FT. WALTON FL | | 2.4 CITY | ST-ZIP | | |
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| NAME | | | 4.2 NAM | ļ | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
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| NAME | | | . 5.2 NAM | | | |
| STREET ADDRESS | | | | EL ADORESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CHY 6.1 TH: | | | Change Addition |
| NAME | | <u></u> | 6.2 NAM | | | + |
| STREET ADDRESS | | | l l | ET ADDRESS | | |
| C-1Y-SI-ZiP | | | 6.4 City | - ST - ZIP | | |
| 14. I do hereb | y certify that the information supplie | ed with this filing is voluntarily fu | rnished and do | es 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 it made under eath; 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.

BERCOA W. HARRIS

1/31/96 (904) 863-1995