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

APPROVED AND FILED
95 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 611775 (8)

1. Corporation Name
ACME CONTRACTORS, INC.

Principal Place of Business	Mailing Address
4704 WAREHOUSE RD. TALLAHASSEE FL 32310	4704 WAREHOUSE RD. TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4703 Warehouse Rd	26 4703 Warehouse Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee FL	City & State 28 Tallahassee FL
Zip 24 32310 / County 25 Leon	Zip 29 32310 / County 30 Leon

3. Date Incorporated or Qualified: 03/05/1979
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-1892484 ☐ 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

KIRBY, HARRY C
4704 WAREHOUSE ROAD
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: Mark P. Raines
82 Street Address (P.O. Box Number is Not Acceptable): 4703 Warehouse Rd
83
84 City: Tallahasse FL 85 Zip Code: 32310

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: Mark P. Raines 5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	KIRBY, HARRY C	1.2 NAME	Mark P. Raines
STREET ADDRESS	4704 WAREHOUSE ROAD	1.3 STREET ADDRESS	4703 Warehouse Rd
CITY ST ZIP	TALLAHASSEE FL	1.4 CITY ST ZIP	Tallahassee, FL 32310
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: Mark P. Raines 5/1/95 904-878-5612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARK P. RAINES

0026780 CP