SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
ANNUAL REPORT DUE ON OR BEFORE 5/1/95 (IF MAILED LATE), REINSTATEMENT AMOUNT DUE TO REINSTATE: $375

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **612876** **(3)**

1. Corporation Name
EIGHTEEN CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
12843 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	12843 PHILLIPS HIGHWAY JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/14/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1275 County Rd. 210 West
Suite, Apt. #, etc. 22
City & State 23: Jacksonville, Florida
Zip 24: 32259 Country 25: St. Johns

2a. Mailing Address
26 1275 County Rd. 210 West
Suite, Apt. #, etc. 27
City & State 28: Jacksonville, Florida
Zip 29: 32259 Country 30: St. Johns

4. FEI Number: 59-2237085 ☐ 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	10. Name and Address of New Registered Agent
SMITH, R. LEE 10450 SAN JOSE BLV #3 JACKSONVILLE FL 32217	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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	☐ Change ☐ Addition
NAME	SMITH, R. LEE	1.2 NAME	
STREET ADDRESS	12843 PHILLIPS HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	VTAS	2.1 TITLE	☐ Change ☐ Addition
NAME	SHIELDS, DAVID	2.2 NAME	
STREET ADDRESS	12843 PHILLIPS HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, JANET	3.2 NAME	
STREET ADDRESS	12843 PHILLIPS HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, EDWARD	4.2 NAME	
STREET ADDRESS	12843 PHILLIPS HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	TIBLIS, LARRY	5.2 NAME	Delete name and address
STREET ADDRESS	12843 PHILLIPS HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	DUNLEAVY, JACK	6.2 NAME	
STREET ADDRESS	12843 PHILLIPS HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: _____ July 3, 1995 904/808-1818
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
David R. Shields, Treasurer

0004367 CP