

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mumman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 653387

(1)

1. Corporation Name

PARK CONSTRUCTION, INC.

Principal Place of Business

517 SOUTH LAKE DESTIN DRIVE #153
ORLANDO FL 32810

Mailing Address

517 SOUTH LAKE DESTIN DRIVE #153
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified
01/24/1980

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

21 517 S. Lake Destiny
Suite Apt #, etc
#153

22 City & State
ORI FL

23 Zip
32810

2a. Mailing Address

26 517 S. Lake Destiny
Suite Apt #, etc
#153

27 City & State
ORI FL

28 Zip
32810

4. FBI Number
59-1979171

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

MAZUR, JACK A.
3630 WIMBLEDON DRIVE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

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

Signature (Typed or printed name of registered agent and the corporation)

(Typed) Registered Agent Signature (Typed or printed name)

(Date)

12. OFFICERS AND DIRECTORS

1.1 TITLE
STD
1.2 NAME
KERBEN, DAVID
1.3 STREET ADDRESS
118 E. ROBINSON ST.
1.4 CITY, ST, ZIP
ORLANDO FL

2.1 TITLE
PD
2.2 NAME
MAZUR, JACK
2.3 STREET ADDRESS
3630 WIMBLEDON DR.
2.4 CITY, ST, ZIP
LAKE MARY FL

3.1 TITLE
VPD
3.2 NAME
SOUTHERLAND, MICHELE M.
3.3 STREET ADDRESS
11108 LOKANOTOSA TR
3.4 CITY, ST, ZIP
ORLANDO FL 32817-3003

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(9)(a), 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:

Jack M. Mazur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 4-28-95 660-8808
Date Filing Fee