

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

DOCUMENT # 825786

(7)

1. Corporation Name

GUY F. ATKINSON COMPANY

Principal Place of Business

**1001 BAYHILL DRIVE
SAN BRUNO CA 94066**

Mailing Address

**P.O. BOX 530
SOUTH SAN FRANCISCO CA 94080
US**

**APPROVED
AND
FILED**

95 APR 26 PM 1:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1971

3a. Date of Last Report

04/20/1994

4. FEI Number

94-0295280

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

ATKINSON, DUANE E.

405 ECCLES AVE

SO SAN FRANCISCO CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C

HENDERSON, T J

1001 BAYHILL DR, 2ND FLOOR

SAN BRUNO CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

AGRESTI, J J

1001 BAYHILL DR, 2ND FLOOR

SAN BRUNO CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

AMBRUSKO, THERESE

1001 BAYHILL DR, 2ND FLOOR

SAN BRUNO CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

WARD, C J

1001 BAYHILL DR, 2ND FLOOR

SAN BRUNO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/V

☒ Change ☐ Addition

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

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D/P

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

V/S

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

T/V

Herbert D. Montgomery

1001 Bayhill Dr., 2nd Floor

San Bruno, CA 94066

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95

Date

415/876-1636

Daytime Phone #