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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10:09

DOCUMENT # **827514** **(1)**

1. Corporation Name
WILSON P. ABRAHAM CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
101 W. ROBERT E. LEE BLVD. SUITE 401 NEW ORLEANS LA 70124	101 W. ROBERT E. LEE BLVD. SUITE 401 NEW ORLEANS LA 70124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1972
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 120 International Pkwy	26 120 International Pkwy
Suite, Apt. #, etc. 22 Suite 112	Suite, Apt. #, etc. 27 Suite 112
City & State 23 Heathrow, FL	City & State 28 Heathrow, FL
Zip 24 32746	Country 25 USA
Zip 29 32746	Country 30 USA

4. FEI Number: 72-0603097 ☐ 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. Then corporation has liability for intangible tax (under S. 199.032, Florida Statutes) ☐ Yes (X) No

9. Name and Address of Current Registered Agent

JOY, DANIEL - ATTORNEY AT LAW
720 FIRST FLORIDA BANK PLAZA
1800 2ND ST.
SARASOTA FL 34236

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: _____ _____ DATE
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required if changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	(X) Change ☐ Addition
NAME	ABRAHAM WILSON P	12 NAME	ABRAHAM WILSON P	
STREET ADDRESS	1601 LAKESHORE DR	13 STREET ADDRESS	463 DENTON CT	
CITY-ST-ZIP	NEW ORLEANS, LA 00000	14 CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	ST	21 TITLE	ST	(X) Change ☐ Addition
NAME	ABRAHAM, MARGARET H	22 NAME	ABRAHAM, MARGARET H	
STREET ADDRESS	1601 LAKESHORE DR	23 STREET ADDRESS	463 DENTON CT	
CITY-ST-ZIP	NEW ORLEANS, LA 00000	24 CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	V	31 TITLE	V	(X) Change ☐ Addition
NAME	ABRAHAM, JEANNE M.	32 NAME	ABRAHAM, JEANNE M.	
STREET ADDRESS	1601 LAKESHORE DRIVE	33 STREET ADDRESS	1255 MALVERN CT	
CITY-ST-ZIP	NEW ORLEANS LA	34 CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. (Required) I hereby certify that the information supplied with this filing is accurate, 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 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 with an address, with an X in the box.

SIGNATURE: Wilson P. Abraham Pres. 3/10/95 (407) 444-2806
SIGNATURE AND TITLE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

017004 PF