

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 827514 (1)  
1. Corporation Name  
WILSON P. ABRAHAM CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address  
120 INTERNATIONAL PKWY  
STE 112  
HEATHROW FL 32746  
US

3. Date Incorporated or Qualified 02/22/1972 3a. Date of Last Report 03/14/1995  
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. 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 25 Country 29 Zip 30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | P                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | ABRAHAM WILSON P    | 1.2 NAME  |  |
| STREET ADDRESS             | 463 DENTON CT       | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HEATHROW FL         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ST                  | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABRAHAM, MARGARET H | 2.2 NAME  | President  |
| STREET ADDRESS             | 463 DENTON CT       | 2.3 STREET ADDRESS                                    | Abraham, Margaret H.   |
| CITY-ST-ZIP                | HEATHROW FL         | 2.4 CITY-ST-ZIP                                       | 1249 Malvern Court   |
| TITLE                      | V                   | 3.1 TITLE   | Heathrow, FL. 32746  |
| NAME                       | ABRAHAM, JEANNE M.  | 3.2 NAME  | ST/T   |
| STREET ADDRESS             | 1255 MALVERN CT     | 3.3 STREET ADDRESS                                    | Abraham, Jeanne M.   |
| CITY-ST-ZIP                | HEATHROW FL         | 3.4 CITY-ST-ZIP                                       | 1255 Malvern Court   |
| TITLE                      |                     | 4.1 TITLE   | Heathrow, FL. 32746  |
| NAME                       |                     | 4.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS             |                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                     | 5.2 NAME  |  |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Margaret H. Abraham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Margaret H. Abraham pres

4/26/98

Date

Daytime Phone #

CR2E034 (12/95)