FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 30 AM 9:27

DOCUMENT # **F93000003564 (2)**

1. Corporation Name
CONSTRUCTION WORKFORCE INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 779 ASTORIA OR 97103	P.O. BOX 779 ASTORIA OR 97103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/05/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 93-1078668 ☐ 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
MONAHAN, PHILIP J 416 RED SAIL DRIVE SATELLITE BEACH FL 32937	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 _____ (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	VP	☐ Change ☒ Addition
NAME	POMEROY, RICHARD W	12 NAME	~~POMEROY~~ MONAHAN, Philip J.	
STREET ADDRESS	RT. 2 BOX 725	13 STREET ADDRESS	416 Red Sail WAY	
CITY ST ZIP	ASTORIA OR 97103	14 CITY ST ZIP	SATELLITE BEACH, FL 32937	
TITLE	VP	21 TITLE	TREASURER	☒ Change ☐ Addition
NAME	POMEROY, MICHAEL S	22 NAME	POMEROY, Michael S.	
STREET ADDRESS	500 PACIFIC #56	23 STREET ADDRESS	500 Pacific #56	
CITY ST ZIP	HAMMOND OR 97121	24 CITY ST ZIP	HAMMOND, OR 97121	
TITLE	S	31 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	POMEROY, DONNA L	32 NAME	POMEROY, Eric J	
STREET ADDRESS	RT. 2 BOX 725	33 STREET ADDRESS	1400 W. MARINE DRIVE #23	
CITY ST ZIP	ASTORIA OR 97103	34 CITY ST ZIP	ASTORIA, OR 97103	
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. I do hereby certify that the information supplied with this filing is absolutely 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 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: Richard W Pomeroy 3/22/95 503-458-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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