

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:15

DOCUMENT # **G13678** (9)

1. Corporation Name

AIKEN CONSTRUCTION, INC.

Principal Place of Business

C/O WILLIAM F. AIKEN
12954 N. NORMANDYWAY
PALM BEACH GARDENS FL 33410

Mailing Address

POST OFFICE BOX 30116
12954 N. NORMANDYWAY
PALM BEACH GARDENS FL 33420
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/10/1982

3a. Date of Last Report
06/16/1994

2. Principal Place of Business

21 **2511 PARK STREET**

2a. Mailing Address

26 **P.O. Box 30116**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

27

City & State

23 **LAKE WORTH, FLORIDA**

City & State

28 **PALM BEACH GARDENS, FL.**

Zip

Country

24 **33460**

25 **USA.**

Zip

29 **33420**

Country

30 **USA.**

4. FEI Number

59-2241465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

AIKEN, WILLIAM F
12954 N. NORMANDYWAY
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6234 WINDING LAKE DR.

83

84 City

JUPITER

FL

85 Zip Code

33458

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 x

William F. Aiken
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

VSD

NAME

AIKEN, SANDRA J

STREET ADDRESS

12954 N. NORMANDYWAY

CITY-ST-ZIP

PALM BCH GDNS, FL 00000

TITLE

PTD

NAME

AIKEN, WILLIAM F

STREET ADDRESS

12954 N. NORMANDYWAY

CITY-ST-ZIP

PALM BCH GDNS, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**6234 WINDING LAKE DR.
JUPITER, FL. 33458**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**6234 WINDING LAKE DR.
JUPITER, FL. 33458**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ 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 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 changed, or on an attachment with an address.

SIGNATURE:

William F. Aiken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Aiken

1/18/95

Daytime Phone #