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 # **G13678** **(9)**

1. Corporation Name

AIKEN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2511 PARK STREET ~~*12934 N. NORMANDY WAY~~ LAKE WORTH FL 33460 US	POST OFFICE BOX 30116 PALM BEACH GARDENS FL 33420 US

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

3. Date Incorporated or Qualified: **12/10/1982**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-2241465** ☐ 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

AIKEN, WILLIAM F
~~6234 WINDING LAKE DR~~ 107 Cruiser Road North
~~JUPITER FL 33458~~ North Palm Beach, Fl, 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 107 Cruiser Road, North
83
84 City North Palm Beach FL 85 Zip Code 33408

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: William F. Aiken — William F. Aiken - President — 3/12/96
(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	VSD	☐ DELETE	1.1 TITLE	VSD	☒ Change ☐ Addition
NAME	AIKEN, SANDRA J		1.2 NAME	Sandra J. Aiken	
STREET ADDRESS	~~6234 WINDING LAKE DR~~ 107 Cruiser Rd. North		1.3 STREET ADDRESS	107 Cruiser Road, North	
CITY-ST-ZIP	~~JUPITER FL~~ North Palm Beach, Fl 33408		1.4 CITY-ST-ZIP	North Palm Beach, Fl 33408	
TITLE	PTD	☐ DELETE	2.1 TITLE	PTD	☒ Change ☐ Addition
NAME	AIKEN, WILLIAM F		2.2 NAME	William F. Aiken	
STREET ADDRESS	~~6234 WINDING LAKE DR~~ 107 Cruiser Road, North		2.3 STREET ADDRESS	107 Cruiser Road North	
CITY-ST-ZIP	~~JUPITER FL~~ North Palm Beach, Fl 33408		2.4 CITY-ST-ZIP	North Palm Beach, Fl. 33408	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: William F. Aiken — William F. Aiken — 3/12/96 — (407)691-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #