

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G15942** (7)

1. Corporation Name

BERRY CONSTRUCTION COMPANY, INC.



Principal Place of Business

Mailing Address

**3351 DREW ST.
JACKSONVILLE FL 32207
US**

**P.O. BOX 5614
JACKSONVILLE FL 32247**

3. Date Incorporated or Qualified

12/23/1982

3a. Date of Last Report

08/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2256240

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

**BERRY, MORRIS E JR.,
8937 SAN RAE RD.
JACKSONVILLE FL 32217**

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 then applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P BERRY, MORRIS E, JR**
STREET ADDRESS **8937 SAN RAE RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **T BERRY, LOU NELL**
STREET ADDRESS **1504 BROOKWOOD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **VS BERRY, DIANE L**
STREET ADDRESS **8937 SAN RAE RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and further certify that the information indicated on this annual report or supplemental annual report made under oath that I am an officer or director of the corporation or the receiver or trustee and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit that I do not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I report is true and accurate and that my signature shall have the same legal effect as if I am empowered to execute this report as required by Chapter 617, Florida Statutes, and I am not a receiver or trustee.

SIGNATURE:

Morris E. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/96 737-8235
DATE DAY AND PHONE #

CR2E034 (3/96)