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

DOCUMENT # **G32277** **(7)**

1. Corporate Name

MAX H. LEGGETT CONSTRUCTION CO., INC.

RECEIVED
[illegible]
[illegible] 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1403-9 DUNN AVENUE
JACKSONVILLE FL 32218
US

Mailing Address
1403-9 DUNN AVENUE
JACKSONVILLE FL 32218
US

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1983
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 14145 N. main St
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, Fl
Zip 24 32218 Country 25 USA

2a. Mailing Address
26 14145 N. main St.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Fl
Zip 29 32218 Country 30 USA

4. FEI Number: 59-2330755 — 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

LEGGETT, MAX H.
15251 YELLOW BLUFF RD
JACKSONVILLE FL 32226

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEGGETT, MAX H.
STREET ADDRESS	15251 YELLOW BLUFF RD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	V
NAME	LEGGETT, STEPHEN M.
STREET ADDRESS	3734 PLANTERS CREEK CIR W
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	T
NAME	LEGGETT, NATALEE K.
STREET ADDRESS	3734 PLANTERS CREEK CIR W
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[illegible]	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the enclosed annual report with the blanks completed, herein set forth, does not qualify for the exemption stated in Section 119.07(3)(o), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with any changes or corrections thereto with an address.

SIGNATURE: Natalee K. Leggett — 5-1-95 — (904) 751-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406130 FP