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

APPROVED AND FILED

95 APR 20 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H00061** **(2)**

1. Corporation Name
CONRADSON CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2147 W. GARDENIA CIRCLE P.O. BOX 3908 N. FT. MYERS FL 33918	2147 W. GARDENIA CIRCLE P.O. BOX 4637 FORT MYERS FL 33918 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1984
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21 867 Pondella Road
22 P.O. Box 4735
23 N.FT. Myers Fl.
24 33918 25 LEE

2a. Mailing Address
26 P.O. Box 4735
27 Suite, Apt. #, etc.
28 N.FT. Myers Fl.
29 33918 30 LEE

4. FEI Number: 59-2404643 ☐ 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

CONRADSON, PAUL L.
2147 W. GARDENIA CIRCLE
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent

91 Name: CONRADSON PAUL L.
92 Street Address (P.O. Box Number is Not Acceptable): 867 Pondella Road
93
94 City: N.FT. Myers FL 95 Zip Code: 33903

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: CONRADSON PAUL L. Paul L. Conradson 4-16-95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CONRADSON, PAUL L.	1.2 NAME	CONRADSON PAUL L.	
STREET ADDRESS	2147 W. GARDENIA CIRCLE	1.3 STREET ADDRESS	867 PONDELLA ROAD	
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	N.FT. MYERS, FL 33903	
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	CONRADSON, JEAN	2.2 NAME	MERICIA CONRADSON	
STREET ADDRESS	2147 W. GARDENIA CIRCLE	2.3 STREET ADDRESS	867 PONDELLA ROAD	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	N.FT. MYERS, FL 33903	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Paul L. Conradson CONRADSON PAUL L. 4-16-95 (813) 656-2892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000003 FP