

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H26208 (9)

1. Corporation Name

JIM PAYTAS CONSTRUCTION, INC.

Principal Place of Business

**5995 SEMINOLE WOODS
PORT ORANGE FL 32127
US**

Mailing Address

**5995 SEMINOLE WOODS DR
PORT ORANGE FL 32127
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2473214

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 damages to the order of 1992-93
Florida Statutes.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PAYTAS, PATRICIA
5995 SEMINOLE WOODS DR
PORT ORANGE FL 32127**

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 607.0602 and 607.1504, 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 aware of and accept the obligations of Section 607.0604, Florida Statutes.

SIGNATURE

PATRICIA PAYTAS

Patricia Paytas

5/17/95

12. OFFICERS AND DIRECTORS

12.1
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.2
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.3
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.4
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.5
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.6
NAME
STREET ADDRESS
CITY, STATE, ZIP

12.7
NAME
STREET ADDRESS
CITY, STATE, ZIP

**DP
PAYTAS, JAMES W.
5995 SEMINOLE WOODS DR
PORT ORANGE FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

13.1
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.2
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.3
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.4
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.5
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.6
NAME
STREET ADDRESS
CITY, STATE, ZIP

13.7
NAME
STREET ADDRESS
CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0604, Florida Statutes. I further certify that the information reported on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a, if changed or on an officer list with an address.

SIGNATURE:

James W. Paytas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95

904-761-6463