

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordhan
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



3. Date Incorporated or Qualified
10/19/1984

3a. Date of Last Report
05/22/1995

4. FET 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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

PAYTAS, PATRICIA
5995 SEMINOLE WOODS DR
PORT ORANGE FL 32127

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 607.0402 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 607.070, Florida Statutes.

SIGNATURE

Patricia Paytas

Patricia Paytas

4/8/96

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

PAYTAS, JAMES W.

STREET ADDRESS

5995 SEMINOLE WOODS DR

CITY-STATE-ZIP

PORT ORANGE FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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 119.043(6), Florida Statutes. I further certify that the information included on this statement 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 record of the corporation is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or on an attached sheet with an address.

SIGNATURE:

James W. Paytas

James W. Paytas

4/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)