

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H66068 (8)

1. Corporation Name

TOM PRINCE CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

P. O. BOX 372331
SATELLITE BEACH FL 32937
US

P. O. BOX 372331
SATELLITE BEACH FL 32937
US

3. Date Incorporated or Qualified

07/11/1985

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 140 ALEXANDRIA BLVD.

26 PO 140 ALEXANDRIA BLVD

4. FEI Number

59-2557563

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite D

27 Suite D

City & State

City & State

23 OVIEDO, FL

28 OVIEDO, FL

Zip

Country

Zip

Country

24 32765

25 SEMINOLE

29 32765

30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINCE, THOMAS A.
178 LANTERNBACK ISLD DR
SATELLITE BEACH FL 32937-0807

81 Name

PRINCE, THOMAS A

82 Street Address (P.O. Box Number is Not Acceptable)

3519 SCOUTOAK LOOP

83 City

OVIEDO, FL 32765

84 State

FL

85 Zip Code

32765

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	PRINCE, THOMAS A.	413 TORTOISE VIEW CT.	SATELLITE BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PRINCE, THOMAS	3519 SCOUTOAK LOOP	OVIEDO, FL	

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)(k), 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 removed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 407-977-0123

Date

Daytime Phone

CR2E034 (12/95)