## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

L.G. BI	MENT # H6892 CKFORD CONSTRUCTION	CORPORATION, INC.				
Principal Place of Business 1028 LAKE ASBURY DR. GREEN COVE SPRINGS FL 32043		Mailing Address 1028 LAKE ASBURY DR. GREEN COVE SPRINGS FL 32043		DO NOT WRITE IN		
					,	a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			07/30/1985 4. FEI Number	05/01/1996 Applied For
21		26			59-2580404	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Stat	9	City & State	ly & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	··· · · · · · · · · · · · · · · · · ·		Country	,	This corporation owes or has paid to	
24	25	29	30		Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Currer	nt Registered Agent		T &1	10. Name and Address of New Regist	ered Agent
	OKFORD, L.G.		81	Name		
1028 LAKE ASBURY DR. GREEN COVE SPRINGS FL 32043			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
, Car	ILLIA DOTE OFFIIAGG 1 E 32043		83			
				0		1-13-5
			84	City		FL 85 Zip Code
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig-	alions of, Section 607.0505, Fi	orida Statutes	S.	poration submits this statement for the purp ation's board of directors. I hereby accept th	
12.	Signature, typed or printed name of registered ago OFFICERS AN		IE: Registered Ago	ent signature requ	aired when reinstating)  ADDITIONS/CHANGES TO OFFICER:	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	BICKFORD, L.G.		1.2 NAME			-
STREET ADDRESS	1028 LAKE ASBURY DR.		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY-S	ST - ZIP		
TITLE	D Bickford, Barbara L.	DELETE 2.1		1		☐ Change ☐ Addition
NAME	1028 LAKE ASBURY DR.		2.2 NAME	1000000		
STREET ADDRESS CITY-ST-ZIP	GREEN COVE SPRGS FL		2.3 STREET 2.4 City-5			
TITLE	The state of the s	DELETE 3:		51-ZIP		☐ Change ☐ Addition
NAME		_	3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CiTY- 8	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	ST-ZIP		Change Addition
NAME		□ DCCLI€	5.1 HILE 5.2 NAME	1		The change The same of the
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAMÉ			6.2 NAME	1		
CTOFFT ADODECC			c n erott i	ABBRECE		

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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.

**FILED** 

Sep 17 1997 8:00am

Secretary of State