

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -3 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H78390 (2)

1. Corporation Name

ZWB CONSTRUCTOR, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 561023
ORLANDO FL 32856

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ORLANDO FL 32856

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/30/1985

3a. Date of Last Report

05/26/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution



8. This corporation has liability for intangible tax under s. 190.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZOHN, MILTON
1811 BAXTER
ORLANDO FL 32806

81 Name

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

83

84 City

FL

85

Zip Code

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 the filer (applicable)

(If filer, Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PDV
ZOHN, MILTON
1811 BAXTER AVE.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TD
ZOHN, MILTON
1811 BAXTER AVE.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
ZOHN, IRENE
1811 BAXTER AVE
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY, ST, ZIP

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY, ST, ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY, ST, ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY, ST, ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY, ST, ZIP

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY, ST, ZIP

☐ Change ☐ Addition

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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)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON CERTIFICATION

DATE

Signature Printed Name