FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:55

DOCUMENT # H79703 (5)

1. Corporation Name
BILL LEDMAN, BUILDER, INC.

Principal Place of Business	Mailing Address
~~1408 TROUT DRIVE~~ BAY POINT BOX 27267 PANAMA CITY BCH FL 32411	~~1408 TROUT DRIVE~~ BAY POINT BOX 27267 PANAMA CITY BCH FL 32411

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 104 GOLF DR.	26 104 GOLF DR.
Suite, Apt. #, etc. 22 P.O. BOX 27267	Suite, Apt. #, etc. 27 P O BOX 27267
City & State 23 PANAMA CITY BEACH, FL	City & State 28 PANAMA CITY BEACH, FL
Zip 24 32411 Country 25	Zip 29 32411 Country 30

4. FEI Number: 59-2599298 ☐ 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

9. Name and Address of Current Registered Agent

LEDMAN,WILBUR T
~~1408 TROUT DRIVE~~
PANAMA CITY FL 32411

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable) 104 GOLF DRIVE
03
04 City FL 05 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	☑ Change	☐ Addition
NAME	LEDMAN, WILBUR T.	1.2 NAME		
STREET ADDRESS	1408 TROUT DRIVE	1.3 STREET ADDRESS	104 GOLF DRIVE	
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	☑ Change	☐ Addition
NAME	LEDMAN, MELANIE A.	2.2 NAME		
STREET ADDRESS	1408 TROUT DRIVE	2.3 STREET ADDRESS	104 GOLF DRIVE	
CITY-ST-ZIP	PANAMA CITY BCH FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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 119.07(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 added by this document with my address.

SIGNATURE: Wilbur T. Ledman WILBUR T. LEDMAN, PRESIDENT 3/11/95 904-255-2933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410505 FP