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 MAY 26 AM 8:54

DOCUMENT # **J07539** **(6)**

1. Corporation Name
ASSOCIATED CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
14198 BIDDIX ROAD LOXAHATCHEE FL 33470	14198 BIDDIX ROAD LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 1861 S. PATRICK Dr
22 Suite, Apt. #, etc.: BOX 151
23 City & State: INDIAN HARBOUR BCH FL
24 Zip: 32937
25 Country: BREVARD

2a. Mailing Address
26: 1861 S. PATRICK Dr
27 Suite, Apt. #, etc.: BOX 151
28 City & State: INDIAN HARBOUR BCH FL
29 Zip: 32937
30 Country: BREVARD

4. FEI Number: 59-2669793 ☐ 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

BIDDIX, JOHN P.
14198 BIDDIX RD.
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name: BIDDIX, JOHN P.
82 Street Address (P.O. Box Number is Not Acceptable): 444 BLUE JAY LANE
83: SATELLITE BEACH
84 City: FL
85 Zip Code: 32937

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: JOHN P BIDDIX PRESIDENT 5-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☑ Change ☐ Addition
NAME	BIDDIX, GAIL	12 NAME	DELETED
STREET ADDRESS	14198 BIDDIX RD.	13 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BIDDIX, JOHN P.	22 NAME	
STREET ADDRESS	14198 BIDDIX RD.	23 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	24 CITY-ST-ZIP	
TITLE	C	31 TITLE	☑ Change ☐ Addition
NAME	BIDDIX, GAIL	32 NAME	DELETED
STREET ADDRESS	14198 BIDDIX RD.	33 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 changed or added by an amendment with an address.

SIGNATURE: JOHN P BIDDIX PRESIDENT 5-22-95 407 255 1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0273906 CP