SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -7 PM 12:24
95 AUG -9 PM 12:29

DOCUMENT # J19959 (2)

1. Corporation Name
SILAS CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
175 CLEARY RD. #A-5 W. PALM BCH. FL 33413 US	175 CLEARY ROAD. #A-5 WEST PALM BCH FL 33413 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1986
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21: 6759 WALLIS RD
22 Suite, Apt. #, etc.:
23 City & State: W PALM BEACH FL
24 Zip: 33413
25 Country: US

2a. Mailing Address
26: P.O. BOX 1527
27 Suite, Apt. #, etc.:
28 City & State: LOXAHATCHEE, FL
29 Zip: 33470
30 Country: US

4. FEI Number: 59-2678532 ☐ 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

SILAS, BILLY R.
175 CLEARY ROAD
#A-5
WEST PALM BEACH, 33413

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable): 6759 WALLIS RD
63
64 City: W PALM BEACH FL 65 Zip Code: 33413

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	PDST	1.1 TITLE		☒ Change ☐ Addition
NAME	SILAS, BILLY R.	1.2 NAME		
STREET ADDRESS	175 CLEARY ROAD, #A-5	1.3 STREET ADDRESS	P.O. BOX 1527	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		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		

CR2E034 (3/95)

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 on an attachment with an address.

SIGNATURE: _____ 8/4/95 407-798-2851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002922 CP