

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J23443

(1)

1. Corporation Name

GIL CONSTRUCTORS, INC.



Principal Place of Business

1150 E. PLANT STREET
P. O. DRAWER 490
OCOE FL 34761-7490

Mailing Address

1150 E. PLANT STREET
P. O. DRAWER 490
OCOE FL 34761-7490

2. Principal Place of Business

21 1150 East Plant St.

Suite, Apt. #, etc.

22 City & State

23 Winter Garden, FL

Zip Country

24 34787 25 USA

2a. Mailing Address

26 1150 E. Plant St.

Suite, Apt. #, etc.

27 City & State

28 Winter Garden, FL

Zip Country

29 34787 30 USA

9. Name and Address of Current Registered Agent

LAMAN, GEORGE I.
1150 EAST PLANT STREET
WINTER GARDEN FL 34787

3. Date Incorporated or Qualified

07/08/1986

3a. Date of Last Report

06/07/1995

4. FEI Number

59-2858958

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

10. Name and Address of New Registered Agent

81 Name

Laman, G. Douglas

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

1150 East Plant Street

83

84 City

Winter Garden

FL

85 Zip Code

34787

11. Pursuant to the provisions of Sections 607.0802 and 607.1802, 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, Sections 607.0802 and 607.1802, Florida Statutes.

SIGNATURE

G. Douglas Laman

4-15-96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME LAMAN, GEORGE I.
STREET ADDRESS 1150 E. PLANT STREET
CITY-ST-ZIP WINTER GARDEN FL

TITLE DV ☐ DELETE
NAME LAMAN, G. DOUGLAS
STREET ADDRESS 1150 E. PLANT STREET
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE D/P ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

407-877-7722

Date

Daytime Phone #

CR2E034 (12/95)