

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 # **J40528** (8)

1. Corporation Name

PHIL EMBRY CONSTRUCTION, INC.



Principal Place of Business

**1009 OCEAN DR
SUMMERLAND KEY FL 33042
US**

Mailing Address

**1009 OCEAN DR
SUMMERLAND KEY FL 33042
US**

3. Date Incorporated or Qualified
10/28/1986

3a. Date of Last Report
05/11/1995

4. FEI Number
59-2750898

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. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**EMBRY, PHIL
RT 4, BOX 205
SUMMERLAND KEY FL 33042**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

(Signature of the person who is the registered agent or the person who is the officer or director of the corporation)

(Date of Signature of Agent, Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PVS			☐
	EMBRY, PHIL			
	RT 4, BOX 205			
	SUMMERLAND KEY FL			
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-96

305-745-1821

CR2E034 (12/95)