SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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 JUN -9 AM 9:57

DOCUMENT # J49955 (4)

1. Corporation Name

CENTURY CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301	508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1987
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2764750 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TURNER, M. STEPHEN
215 SOUTH MONROE ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	11 TITLE	☐ Change ☐ Addition
NAME	TURNER, DOUGLAS E.	12 NAME	
STREET ADDRESS	508-A CAPITAL CIRCLE SE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	~~T~~	21 TITLE	T ☐ Change ☑ Addition
NAME	~~SCHROEDER, R. V.~~	22 NAME	O'Reilly John
STREET ADDRESS	~~508-A CAPITAL CIRCLE SE~~ DELETE	23 STREET ADDRESS	508 A Capital Circle, S.E.
CITY-ST-ZIP	~~TALLAHASSEE FL~~	24 CITY-ST-ZIP	Tallahassee, Fl
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	TURNER, FREDERICK	32 NAME	
STREET ADDRESS	508-A CAPITAL CIRCLE SE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	~~AV~~	41 TITLE	☐ Change ☐ Addition
NAME	~~MILLER, LYMAN S.~~	42 NAME	
STREET ADDRESS	~~508-A CAPITAL CIRCLE SE~~ Delete	43 STREET ADDRESS	
CITY-ST-ZIP	~~TALLAHASSEE FL~~	44 CITY-ST-ZIP	
TITLE	AVS	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, LINDA H.	52 NAME	
STREET ADDRESS	508-A CAPITAL CIRCLE SE	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	STICH, DAVID	62 NAME	
STREET ADDRESS	508A CAPITAL CIRCLE, S.E.	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	64 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)(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 on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0004488 CP