

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J64714** (5)

1. Corporation Name

**MID-FLORIDA CONSTRUCTION CO., INC.**

Principal Place of Business

**16500 SW WARFIELD BLVD.  
P.O. BOX 1  
INDIANTOWN FL 34956-7001**

Mailing Address

**16500 SW WARFIELD BLVD.  
P.O. BOX 1  
INDIANTOWN FL 34956-7001**



2. Principal Place of Business

2a. Mailing Address

21

26

**16500 SW WARFIELD BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**P.O. BOX 1**

City & State

City & State

23

28

**INDIANTOWN FL**

Zip

Country

Zip

Country

24

25

**34956**

30

**MARTIN**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/25/1987**

3a. Date of Last Report

**04/27/1995**

4. FEI Number

**59-2789760**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

**WALL, IRIS  
16500 SW PALOMINO  
INDIANTOWN FL 34956**

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

**PD  
WALL, HARRIS H.  
16500 SW PALOMINO  
INDIANTOWN FL**

TITLE NAME ☐ DELETE

**PD  
WALL, IRIS  
16500 SW PALOMINO  
INDIANTOWN FL**

TITLE NAME ☐ DELETE

**SD  
LAWRENCE, CAROLYN W.  
16200 SW MAPLE  
INDIANTOWN FL**

TITLE NAME ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

1.2 NAME

**DELETE**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CAROLYN W. LAWRENCE SECRETARY**

**4/8/96 407-597-3506**

Date

Daytime Phone #

CR2E034 (12/95)