

**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 # **J72160 (1)**

1. Corporation Name  
**BERGERON CONSTRUCTION CO., INC. OF CENTRAL FLORIDA**



Principal Place of Business Mailing Address  
**159 LOOKOUT PL.  
STE. 101  
MAITLAND FL 32751  
US**

3. Date Incorporated or Qualified **05/10/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **103 Commerce St.** 26 **103 Commerce St.**

4. FEI Number **76-0036477** Applied For Not Applicable

22 **Suite 130** 27 **Suite 130**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **Lake Mary FL** 28 **Lake Mary, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32746** 25 **US** 29 **32746** 30 **US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGERON, PHIL  
159 LOOKOUT PL  
STE. 101  
MAITLAND, FL. 32751**

81 Name **Philip J. Bergeron**  
82 Street Address (P.O. Box Number is Not Acceptable) **103 Commerce St., Suite 130**  
83 **Suite 130**  
84 City **Lake Mary** 85 Zip Code **FL 32746**

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 *Philip J. Bergeron*

**Philip J. Bergeron 1/19/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BERGERON, PHILIP</b>	
STREET ADDRESS	<b>159 LOOKOUT PLACE, #101</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERGERON, PATRICIA</b>	
STREET ADDRESS	<b>159 LOOKOUT PLACE #101</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>103 Commerce St, Suite 130</b>
1.4 CITY-ST-ZIP	<b>Lake Mary, FL 32746</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE: *Philip J. Bergeron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/96 (407)829-6500**  
Date Daytime Phone #

CR2E034 (12/95)