

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 # J82430 (6)

1. Corporation Name

GREAT PINES CONSTRUCTION CO., INC.

Principal Place of Business

1399 PRIMROSE LANE
P. O. BOX 544
MIDDLEBURG FL 32050-0544

Mailing Address

1399 PRIMROSE LANE
P. O. BOX 544
MIDDLEBURG FL 32050-0544



3. Date Incorporated or Qualified

07/13/1987

3a. Date of Last Report

02/14/1995

4. FEI Number

59-2792779

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOMER, GEORGE
23608 BLANDING BLVD
MIDDLEBURG FL 32068

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 the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
LECHNER, THOMAS
1399 PRIMROSE LANE
MIDDLEBURG FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

ST
LECHNER, ANA MARIA B.
1399 PRIMROSE LANE
MIDDLEBURG FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

D
LECHNER, ANITA MARIA B.
1399 PRIMROSE LANE
MIDDLEBURG FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 (904) 282-9143
Date Daytime Phone #

CR2E034 (12/95)