

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K41023** (8)
1. Corporation Name
GEORGITON CONSTRUCTION, INC.

Principal Place of Business Mailing Address
P.O. BOX 12339 P.O. BOX 12339
FT. PIERCE FL 34979 FT. PIERCE FL 34979

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/25/1988 3a. Date of Last Report 01/24/1994
4. FEI Number NOT APPLICABLE 65-0081206 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GEORGITON, DANIEL
10700 GREY HERON COURT
PORT ST. LUCIE FL 34908

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1724 COCONUT DRIVE**
84 City **Fort Pierce** FL 85 Zip Code **34949**

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 registering)

12. OFFICERS AND DIRECTORS
TITLE D
NAME GEORGITON, DANIEL G.
STREET ADDRESS 10700 GREY HERON CT
CITY - ST - ZIP PORT ST. LUCIE FL
TITLE D
NAME GEORGITON, CONNIE
STREET ADDRESS 10700 GREY HERON CT
CITY - ST - ZIP PORT ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME 1724 COCONUT DR.
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP Fort Pierce, FL., 34949
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS P.O. BOX 12339 N/A
2.4 CITY - ST - ZIP Fort Pierce, FL. 34979-2339
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 110.07(3)(4), 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 no address.

SIGNATURE: *Connie Georgiton* CONNIE GEORGITON 2-21-95 407 466-5489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)