

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62709 (6)

1. Corporation Name

ROBERT L. BLICK CONSTRUCTION, INC.

Principal Place of Business

**P. O. BOX 7272
WINTER HAVEN FL 33883**

Mailing Address

**P. O. BOX 7272
WINTER HAVEN FL 33883**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/01/1989

3a. Date of Last Report
02/02/1994

4. FEI Number
59-2935855

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

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

2. Principal Place of Business

21 **700 Avenue K S.W.**

2a. Mailing Address

26 **P.O. Box 7272**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 **Winter Haven, Florida**

City & State

28 **Winter Haven, Florida**

Zip

24 **33880**

Country

25 **FL**

Zip

29 **33883**

Country

30 **FL**

9. Name and Address of Current Registered Agent

**BLICK, ROBERT L.
4413 BURLINGTON DRIVE
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BLICK, ROBERT L.**
STREET ADDRESS **4413 BURLINGTON DRIVE**
CITY - ST - ZIP **WINTER HAVEN FL**

TITLE **ST**
NAME **BLICK, MARJORIE**
STREET ADDRESS **4413 BURLINGTON DRIVE**
CITY - ST - ZIP **WINTER HAVEN FL**

TITLE **VP**
NAME **COUCH, JOHNNY**
STREET ADDRESS **4413 BURLINGTON DRIVE**
CITY - ST - ZIP **WINTER HAVEN FL**

TITLE **VP**
NAME **MALDONADO, EDGAR**
STREET ADDRESS **4413 BURLINGTON DR.**
CITY - ST - ZIP **WINTER HAVEN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 president 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

4-26-95 8132946351