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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L11116** **(5)**

1. Corporation Name

B. L. ETHRIDGE CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% B.L. ETHRIDGE 3740 FOREST BLVD. JACKSONVILLE FL 32246 US	% B.L. ETHRIDGE 3740 FOREST BLVD. JACKSONVILLE FL 32246 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1989
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 2492 SPRING VALE Rd
22: Suite, Apt. #, etc.
23: City & State: JACKSONVILLE FL
24: Zip: 32246
25: County: DUVAL

2a. Mailing Address
26: 2492 SPRING VALE Rd.
27: Suite, Apt. #, etc.
28: City & State: JACKSONVILLE, FL
29: Zip: 32246
30: County: DUVAL

4. FEI Number: 59-2967770 ☐ 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

ETHRIDGE, B.L.
3740 FOREST BLVD.
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name: ETHRIDGE, B. L.
82 Street Address (P.O. Box Number is Not Acceptable): 2492 SPRING VALE Rd
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32246

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 the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVS	11 TITLE	PVS	☑ Change ☐ Addition
NAME	ETHRIDGE, B.L.	12 NAME	ETHRIDGE, BL	
STREET ADDRESS	3740 FOREST BLVD.	13 STREET ADDRESS	2492 SPRING VALE RD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JAX., FL 32246	
TITLE	TD	21 TITLE	TD	☑ Change ☐ Addition
NAME	ETHRIDGE, B.L.	22 NAME	ETHRIDGE, BL	
STREET ADDRESS	3740 FOREST BLVD.	23 STREET ADDRESS	2492 SPRING VALE Rd	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP	JAX., FL 32246	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 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] B. L. ETHRIDGE 4-10-95 904 565-9048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0084348 CP