

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:43

DOCUMENT # L15079

(1)

1. Corporation Name

SPRINGLEAF CONSTRUCTION, INC.

Principal Place of Business

1434 GOLF AVE
ORMOND BEACH FL 32174
US

Mailing Address

1434 GOLF AVE
ORMOND BEACH FL 32174
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1989

3a. Date of Last Report

04/28/1994

2. Principal Place of Business

21 315 Coquina Ave.

2a. Mailing Address

26 315 Coquina Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ormond Bch., Fl. 32174

27 City & State

28 Ormond Bch., Fl. 32174

Zip

Country

Zip

Country

4. FEI Number

59-2968598

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 interstate tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COURTEAUX, ROBERT
85 N YONGE
ORMOND BEACH FL 32174

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

COURTEAUX, ROBERT

STREET ADDRESS

1436 GOLF AVE

CITY - ST - ZIP

ORMOND BEACH FL

TITLE

D

NAME

COURTEAUX, RONDA

STREET ADDRESS

1434 GOLF AVE

CITY - ST - ZIP

ORMOND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

315 Coquina Ave.

Ormond Bch., Fl. 32174

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

315 Coquina Ave.

Ormond Bch., Fl. 32174

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.J. Courteaux

6-26-95

904-672-4900

Date

Telephone