

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L21562** (8)

1. Corporation Name

PLEIMAN CONSTRUCTION, INC.

Principal Place of Business

**ROUTE 1 BOX 817
NEWBERRY FL 32669**

Mailing Address

**ROUTE 1 BOX 817
NEWBERRY FL 32669**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**PLEIMAN, WILLIAM
ROUTE 1 BOX 817
NEWBERRY FL 32669**

3. Date Incorporated or Qualified

10/06/1989

3a. Date of Last Report

04/12/1995

4. FEI Number

59-2971634

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

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 filer (if applicable)

(NOTE: Registered Agent signature required when not a filer)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PTD
PLEIMAN, WILLIAM
ROUTE 1 BOX 817
NEWBERRY FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VSD
PLEIMAN, LINDSEY
ROUTE 1 BOX 817
NEWBERRY FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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SIGNATURE: *William C. Pleiman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

Daytime Phone

CR2E034 (12/95)