

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L30312 (7)

1. Corporation Name

PVC CONSTRUCTION CORPORATION



Principal Place of Business

Mailing Address

C/O GARY K. HUDSON
RT. 4, BOX 4512
MONTICELLO FL 32344

C/O GARY K. HUDSON
RT. 4, BOX 4512
MONTICELLO FL 32344

3. Date Incorporated or Qualified
11/17/1989

3a. Date of Last Report
06/13/1995

2. Principal Place of Business
21 2840-C Remington

2a. Mailing Address
26 P.O. Box 14106

4. FEI Number
59-2994592

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Green Circle

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Tallahassee, FL

City & State
28 Tallahassee, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 32308

Country
25 LEON

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

29 32317

30 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINCENT, PRICE H JR
2316 FOXBORO WAY
TALLAHASSEE FL 32308

81 Name Price H. Vincent
82 Street Address (P.O. Box Number is Not Acceptable)
2840 Remington Green Cir.
83
84 City Tallahassee FL 85 Zip Code 32308

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 Price H. Vincent, Jr. President

(NOTE: Registered Agent signature required when re-registering) DATE 4/12/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
VINCENT, PRICE H JR.
2316 FOXBORO WAY
TALLAHASSEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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: Price H. Vincent, Jr. Pres.

4/12/96

904-933-1607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)