

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 # L39436 (5)

1. Corporation Name

MIKE WILLIAMS CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

11245 FT. KING RD.
37115 LEMON AVENUE
DADE CITY FL 33525
US

11245 FT. KING RD
37115 LEMON AVENUE
DADE CITY FL 33525
US

2. Principal Place of Business

2a. Mailing Address

21 11245 FT. King Rd.

26 11245 FT King Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Dade City

27

23 Dade City Fl.

28 Dade City Fl.

24 33525 25 PASCO

29 33525 30 PASCO

9. Name and Address of Current Registered Agent

WILLIAMS, MIKE
11245 FT. KING RD.
DADE CITY FL 33525

3. Date Incorporated or Qualified

12/31/1989

3a. Date of Last Report

03/07/1995

4. FEI Number

59-2994145

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 the Corporation

(P.O. Box) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMS, MIKE
STREET ADDRESS 11245 FT. KING RD.
CITY-ST-ZIP DADE CITY FL

☐ DELETE

TITLE D
NAME ROBILLARD, DAVID P.
STREET ADDRESS 37050 RUTLEDGE
CITY-ST-ZIP ZEPHYRHILLS 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

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:

Mike Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 96

813-
788-3188

DATE

Daytime Phone #

CR2E034 (12/95)