

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L40033** (7)

1. Corporation Name
OXFORD CONTRACTING COMPANY OF SARASOTA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:43

Principal Place of Business Mailing Address
C/O W AARON HUDSON **% W AARON HUDSON**
13499 US 41 SE **13499 US 41 SE**
FT MYERS FL 33907 **FT MYERS FL 33907**
US **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1989	3a. Date of Last Report 04/18/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1670334	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HUDSON, W A 13499 US 41 SE FT MYERS FL 33907				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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTER, DAVID M.	12 NAME	
STREET ADDRESS	4500 ONE OXFORD CENTRE	13 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, EDWARD J.	22 NAME	
STREET ADDRESS	4500 ONE OXFORD CENTRE	23 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, W A	32 NAME	
STREET ADDRESS	13499 US 41 SE	33 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, MARK E.	42 NAME	
STREET ADDRESS	4500 ONE OXFORD CENTRE	43 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	44 CITY - ST - ZIP	
TITLE	VT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTWRIGHT, ERIC	52 NAME	
STREET ADDRESS	4500 ONE OXFORD CENTRE	53 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 my name (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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David M. Matter*
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR
DAVID M. MATTER