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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L45596 **DOCUMENT #**

(8)

NEW SOUTHERN CONSTRUCTION INC.

Principal Place of Business Mailing Address					-				
1684 CYPRESS AVE 4475 CAROLWOOD DRIVE S-11 MELBOURNE FL 32934 US									
MELBOURNE US	FL 32934	υຈ				3. Date Incorporated or Qualified			
2. Principal Place of Business		2a. Mailing Address 26				4. FEI Number 59-2994096	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Ac	.00 May Be ided to Fees	
Zφ	Country	Zip	Coul	ntry		8. This corporation has tability for intar		ers 199.032,	
24	25	29	30			Flonda Statutes Yes			
	Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent			
				81	Name				
OBERLE, NICHOLAS R.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
4475 CAROLWOOD DRIVE				83					
MELBO	URNE FL 32934			53					
				84	City		E1 85	Zip Code	
SIGNATURE:	grafine hyped or printed name of registared agen	t and शहर में कहा लाकिक	(NOTE Registered	A _j en	it signature nagoro		DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	Р	☐ DELETE) 1 T	ITLE			Chai	nge 🔲 Addition	
NAME	OBERLE, NICHOLAS R.		1.2 N/	AME					
STREET ADDRESS	4475 CAROLWOOD DR.		135	TREET	ADDRESS				
CITY - ST - ZIP	MELBOURNE FL				1 - Z IP		Cha	nge 🗀 Addition	
TITLE	T	DELETE	2 1 7				□1 cua	ige Madition	
NAME	OBERLE, PAULA A		2 2 No		400000				
STREET ADDRESS	4475 CAROLWOOD DR MELBOURNE FL 32934				ADDRESS				
CHY-ST-ZIP	MELBOURNE FL 32934	☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE			Cha	nge	
TITLE			3.2 N				- Lund		
NAME CTOUCH ADDOSES			1		T ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELF 1E		3.4 C(TY - S) 4. 1 T(T).E			☐ Cha	nge 🔲 Addition	
NAME			42 N						
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP					ST - ZIP				
TITLE		☐ DELÉTE	5 11				Cha	nge 🔲 Addition	
NAME			52 N	IAME					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 early; 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 Fig. 13 if changed, or on an attachment with an address.

ING OFFICER OR DIRECTOR

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - \$1 - ZIP

6 1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

THLE

NAME

Change Addition