

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 # **L46075 (2)**

1. Corporation Name
SOVRAN CONSTRUCTION COMPANY, INC.



Principal Place of Business: **7151 UNIVERSITY BLVD. WINTER PARK FL 32792**
Mailing Address: **7151 UNIVERSITY BLVD. WINTER PARK FL 32792**

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-sections for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/23/1990**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2990212**
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

9. Name and Address of Current Registered Agent: **LONGMUIR, LAWRENCE B. 7151 UNIVERSITY BLVD. WINTER PARK FL 32792**
10. Name and Address of New Registered Agent (81-85) fields.

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 date if applicable) (NOTE: Required Agent signature required when in 11) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLO, CARL E.	1.2 NAME	
STREET ADDRESS	7151 UNIVERSITY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, THEODORE M.	2.2 NAME	
STREET ADDRESS	7151 UNIVERSITY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGMUIR, LAWRENCE B.	3.2 NAME	
STREET ADDRESS	7151 UNIVERSITY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORSHAM, RALEIGH E.	4.2 NAME	
STREET ADDRESS	7151 UNIVERSITY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	McGinn, Pauline
CITY-ST-ZIP		5.4 CITY-ST-ZIP	7151 University Boulevard
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Winter Park, FL 32792
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Lawrence B. Longmuir* Lawrence B. Longmuir, V.P. 3-26-96 407-677-6555

CR2E034 (12/95)