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 # L51538 (1)

1. Corporation Name
STURDIVANT CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
401 W. HILLSBOROUGH AVE. FLORAHOME FL 32140	401 W. HILLSBOROUGH AVE. FLORAHOME FL 32140

2. Principal Place of Business	21
Suite, Apt. #, etc.	22
City & State	23
Zip	24
Country	25
2a. Mailing Address	26
Suite, Apt. #, etc.	27
City & State	28
Zip	29
Country	30

3. Date Incorporated or Qualified: 04/01/1990
3a. Date of Last Report: 02/13/1995
4. FEI Number: 59-2993867 ☐ 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

9. Name and Address of Current Registered Agent

STURDIVANT, THOMAS B
401 W. HILLSBOROUGH AVE.
FLORAHOME FL 32140

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 title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STURDIVANT, THOMAS B	
STREET ADDRESS	401 W. HILLSBOROUGH AVE.	
CITY-ST-ZIP	FLORAHOME FL 32140	
TITLE	VD	☒ DELETE
NAME	STURDIVANT, ROY A	
STREET ADDRESS	RT. 5 BOX 124	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	VD	☐ DELETE
NAME	STURDIVANT, JOHN C	
STREET ADDRESS	2933 THUNDER RD.	
CITY-ST-ZIP	MIDDLESBURG FL 32068	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VD	☐ Change ☒ Addition
2.2 NAME	STURDIVANT JOHN K.	
2.3 STREET ADDRESS	128 MARION ST	
2.4 CITY-ST-ZIP	FLORAHOME, FLA 32140	
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	STURDIVANT, JOHN C.	
3.3 STREET ADDRESS	124 MARION ST	
3.4 CITY-ST-ZIP	FLORAHOME, FLA 32140	
4.1 TITLE	S.D	☐ Change ☒ Addition
4.2 NAME	STURDIVANT DEBRA A.	
4.3 STREET ADDRESS	401 W. HILLSBOROUGH AVE	
4.4 CITY-ST-ZIP	FLORAHOME, FLA 32140	
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: Thomas B. Sturdivant Pres. — 904-659-2889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)