SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (3)L52155 DAVE SHEEDY CONSTRUCTION, INC. Mailing Address Principal Place of Business % DAVID E. SHEEDY 2080 NW 36TH TERRACE % DAVID E. SHEEDY 2080 NW 36TH TERRACE OKEECHOBEE FL 34972-8883 3a. Date of Last Report OKEECHOBEE FL 34972-8883 3. Date Incorporated or Qualified 02/14/1990 07/05/1995 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business Not Applicable 65-0174826 21 26 \$8.75 Additional Suite Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tay under s 199.032 Florida Statutes Yes V No Country Zio Zφ 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHEEDY, DAVID E. 82 Street Address (P.O. Box Number is Not Acceptable) 2080 NW 36TH TERRACE OKEECHOBEE FL 34972 83 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. July 30,96 President SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 HILE TITLE CR2E034 SHEEDY, DAVID E. 1.2 NAME NAME 2080 NW 36TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - SF - ZIP CITY - ST - ZIP Change Addition DELETE 31 117.6 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-\$T-2P CITY-ST-ZIP Change ____ Addition ___ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS. 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-7IP DAVIDE Sheety DAVIDE Sheedy URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR July 30, 96 941-763-7105