

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 # L62073 (6)

1. Corporation Name

NOW CONSTRUCTION, INC.

Principal Place of Business

E & L BUILDING #1704
ROOM #1405
CAPE CANAVERAL AFB FL 32920
US

Mailing Address

P.O. BOX 21126
KENNEDY SPACE CENTER FL 32815-0126
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOWELL, MARTHA A.

~~313 WILSON STREET~~ 5035 LANCELOT AVENUE
~~TITUSVILLE FL 32781~~ LAKELAND, FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/03/1990

3a. Date of Last Report

01/27/1995

4. FET Number

59-3002198

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(If Officer: Registered Agent's signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOWELL, MARTHA A.	
STREET ADDRESS	313 WILSON STREET 5035 LANCELOT AVENUE	
CITY - ST - ZIP	TITUSVILLE FL 32781 LAKELAND, FL 33813	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALMAZAN, PEDRO P.	
STREET ADDRESS	313 WILSON AVENUE	
CITY - ST - ZIP	TITUSVILLE FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	MITCHELL, THOMAS L.	
STREET ADDRESS	200 INTERNATIONAL DRIVE #605	
CITY - ST - ZIP	CAPE CANAVERAL, FL 32920	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOHN D. JESSE	
STREET ADDRESS	437 SPARROW DRIVE	
CITY - ST - ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. JESSE

3/19/96

407-730-3033

CR2E034 (12/95)