

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 # L94711 (3)

1. Corporation Name

CONSTRUCT TWO CONSTRUCTION MANAGERS, INC.



Principal Place of Business

1649 RAVENALL AVE  
ORLANDO FL 32811

Mailing Address

1649 RAVENALL AVE  
ORLANDO FL 32811

2. Principal Place of Business

2a. Mailing Address

21 4409 Old Winter Garden Rd  
Suite, Apt. #, etc.

26 4409 Old Winter Garden Rd  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

28 Orlando, FL

24 Zip

25 Country

29 Zip

30 Country

32511

32511

9. Name and Address of Current Registered Agent

WILLIAMS, KEITH N.  
1649 RAVENALL AVE  
ORLANDO FL 32811

3. Date Incorporated or Qualified  
08/16/1990

3a. Date of Last Report  
02/10/1995

4. FEI Number  
65-0234257

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

81 Name

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

83 4409 Old Winter Garden Rd

84 City

Orlando

FL

85 Zip Code

32511

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 is required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLIAMS, KEITH N.  
STREET ADDRESS 1649 RAVENALL AVE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE D  
NAME WILLIAMS, THERESSA W.  
STREET ADDRESS 1649 RAVENALL AVE  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE D  
NAME WILLIAMS, CENITH L.  
STREET ADDRESS 1649 RAVENALL AVE  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

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 ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/94

407 295-9812

Date

City/State/Phone #

CR2E034 (12/95)