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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:46

DOCUMENT # **M74825** **(4)**

1. Corporation Name
THE FUTURE CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
12744 LAKE RIDGE CIR CLERMONT FL 34711-8552 US	12744 LAKE RIDGE CIRCLE CLERMONT FL 34711-8552 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1988
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21: 12538 LAKEVIEW LANE
22: Suite, Apt. #, etc.
23: City & State: CLERMONT, FLORIDA
24: Zip: 34711
25: Country: LAKE

2a. Mailing Address
26: 12538 LAKEVIEW LANE
27: Suite, Apt. #, etc.
28: City & State: CLERMONT, FLORIDA
29: Zip: 34711
30: Country: LAKE

4. FEI Number: 59-2886614 ☐ 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

COX, DAVID M
12744 LAKE RIDGE CIR
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: DAVID M. COX
82 Street Address (P.O. Box Number is Not Acceptable): 12538 LAKEVIEW LANE
83:
84 City: CLERMONT FL 85 Zip Code: 34711

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	COX, DAVID M	12 NAME	COX DAVID M.	
STREET ADDRESS	12744 LAKE RIDGE CIRCLE	13 STREET ADDRESS	12538 LAKEVIEW LANE	
CITY ST ZIP	CLERMONT FL	14 CITY ST ZIP	CLERMONT, FLORIDA 34711	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	PINES, ARTHUR	22 NAME		
STREET ADDRESS	9007 HAYWOOD COURT	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: David M. Cox 6/1/95 904-394-6299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374463 CP