

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M79998 (4)

1. Corporation Name

CIVIL-TECH, INC.

FILED

96 SEP -6 PM 3:32

SECRETARY OF STATE



Principal Place of Business

Mailing Address

12 SOUTH MAIN STREET
BROOKSVILLE FL 34601
US

P. O. BOX 655
BROOKSVILLE FL 34605
US

3. Date Incorporated or Qualified
05/06/1988

3a. Date of Last Report
07/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2895914

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

10. Name and Address of New Registered Agent

GARMAN, ALAN K
1154 W. JEFFERSON ST.
BROOKSVILLE FL 34601

81 Name

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

12 S. Main Street

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 re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GARMAN, ALAN K.
STREET ADDRESS 934 CEDAR DR.
CITY-ST-ZIP* BROOKSVILLE FL

TITLE VP
NAME TITTERINGTON, LYLE R.
STREET ADDRESS 8848 HEATHER BLVD.
CITY-ST-ZIP BROOKSVILLE FL

TITLE S
NAME ELLIOTT, HEATHER L.
STREET ADDRESS 934 CEDAR DRIVE
CITY-ST-ZIP BROOKSVILLE FL

TITLE T
NAME GARMAN, ALAN K.
STREET ADDRESS 934 CEDAR DRIVE
CITY-ST-ZIP BROOKSVILLE FL

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SIGNATURE:

Alan K. Garman - Alan K. Garman, Pres.

9/02/96

352-796-6319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CP2E034 (3/96)