

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M96150

1. Entity Name
AMICK CONSTRUCTION, INC.



Principal Place of Business
**% JEFFRY B. FUQUA
401 FERGUSON DRIVE
ORLANDO, FL 32805**

Mailing Address
**% JEFFRY B. FUQUA
401 FERGUSON DRIVE
ORLANDO, FL 32805**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2908120

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUQUA, JEFFRY B.
401 FERGUSON DRIVE
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

0000000814224
02/13/08-80035-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GOTSIS, CHERYL
401 FERGUSON DRIVE
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LIAKOS, JOSEPH W
401 FERGUSON DR
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARTIN, CONAN
401 FERGUSON DR
ORLANDO, FL 32805**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FUQUA, JEFFRY B
401 FERGUSON DR
ORLANDO, FL 32805**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2008 407 2936562

Date

Daytime Phone #