## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000137349

Entity Name: BOBBY SAPP CONSTRUCTION, INC.

**FILED** Mar 12, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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4596 ESTATE ST.

MACCLENNY, FL 32063 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 44

MACCLENNY, FL 32063 US

FEI Number: 20-0378252 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LYONS, JAMES G 106 W. BLVD

MACCLENNY, FL 32063 US

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.

SIGNATURE: Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

Title:

SAPP, BOBBY H PRES Name:

P.O. BOX 44 Address:

City-St-Zip: MACCLENNY, FL 32063 US

Title: N/A Name: N/A

Address: 4596 ESTATE ST.

MACCLENNY, FL 32063 US City-St-Zip:

Title: N/A N/A Name:

4596 ESTATE ST. Address:

City-St-Zip: MACCLENNY, FL 32063 US

Title: N/A N/A Name:

Address: 4596 ESTATE ST.

City-St-Zip: MACCLENNY, FL 32063 US

Title: N/A Name: N/A

Address: 4596 ESTATE ST.

MACCLENNY, FL 32063 US City-St-Zip:

Title: N/A Name: N/A

4596 ESTATE ST. Address:

MACCLENNY, FL 32063 US City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOBBY SAPP **PRES** 03/12/2012