

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 27 PM 3: 25

DOCUMENT # P03899

(2)

1. Corporation Name

DAVID VOLKERT & ASSOCIATES CONSTRUCTORS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1984** 3a. Date of Last Report **03/29/1994**

4. FEI Number **63-0877611** 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

2. Principal Place of Business

2a. Mailing Address

**3809 MOFFAT ROAD
BOX 7434
MOBILE AL 36670
US**

**3809 MOFFAT ROAD
BOX 7434
MOBILE AL 36618
US**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

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 of office (if any)

Signature, typed or printed name of registered agent and title of office (if any)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **KING, T. KEITH**
STREET ADDRESS **3809 MOFFETT ROAD**
CITY - ST - ZIP **MOBILE AL**

11 TITLE ☐ Change ☐ Addition

TITLE **V**
NAME **BRAMER, WILLIAM R.**
STREET ADDRESS **3809 MOFFETT ROAD**
CITY - ST - ZIP **MOBILE AL**

12 NAME ☐ Change ☐ Addition

TITLE **VPD**
NAME **SUTE, JOHN R.**
STREET ADDRESS **3809 MOFFETT ROAD**
CITY - ST - ZIP **MOBILE AL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE **STD**
NAME **HANCKEN, MARGARET C.**
STREET ADDRESS **3809 MOFFETT ROAD**
CITY - ST - ZIP **MOBILE AL**

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **VPD**
NAME **ZOGHBY, THOMAS A.**
STREET ADDRESS **3809 MOFFETT ROAD**
CITY - ST - ZIP **MOBILE AL**

15 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

16 CITY - ST - ZIP ☐ Change ☐ Addition

17 CITY - ST - ZIP ☐ Change ☐ Addition

18 CITY - ST - ZIP ☐ Change ☐ Addition

19 CITY - ST - ZIP ☐ Change ☐ Addition

20 CITY - ST - ZIP ☐ Change ☐ Addition

21 CITY - ST - ZIP ☐ Change ☐ Addition

22 CITY - ST - ZIP ☐ Change ☐ Addition

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32 CITY - ST - ZIP ☐ Change ☐ Addition

33 CITY - ST - ZIP ☐ Change ☐ Addition

34 CITY - ST - ZIP ☐ Change ☐ Addition

35 CITY - ST - ZIP ☐ Change ☐ Addition

36 CITY - ST - ZIP ☐ Change ☐ Addition

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)(b), 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: *Margaret Hancken* **MARGARET HANCKEN** 2/14/95 (334) 342-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR