

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:28

DOCUMENT # P19560 (2)

1. Corporation Name

THIBAUT CONSTRUCTION COMPANY, INC.

Principal Place of Business

2323 PRICES DISTILLERY ROAD  
CLARKSBURG MD 20871

Mailing Address

POST OFFICE BOX 521668  
LONGWOOD FL 32752-1668  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
06/07/1988

3a. Date of Last Report  
02/03/1994

2. Principal Place of Business

2a. Mailing Address

21 11634 Audubond Lane  
Suite, Apt. #, etc.

25 P.O. Box 121510  
Suite, Apt. #, etc.

4. FEI Number  
52-1236076

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 CLERMONT FL  
Zip Country

28 CLERMONT FL  
Zip Country

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

24 34711

25

29 34712-1510

30

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

THIBAUT, ARNOLD F.  
128 POINT VIEW LN  
LONGWOOD FL 32779

81 Name

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

83 11634 Audubond Lane

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                        |
|-----------------|------------------------|
| TITLE           | PD                     |
| NAME            | THIBAUT, ARNOLD F.     |
| STREET ADDRESS  | 2323 PRICES DISTILLERY |
| CITY - ST - ZIP | CLARKSBURG MD          |
| TITLE           | S                      |
| NAME            | PETTIGREW, PATRICIA    |
| STREET ADDRESS  | 6713 OAK DRIVE         |
| CITY - ST - ZIP | ALEXANDRIA VA          |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 11634 Audubond Lane                                                          |
| 1.4 CITY - ST - ZIP | CLERMONT FL 34711                                                            |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 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 190.02(4)(b), Florida Statutes. Further, I 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AF Thibaut, President 2/5/95

909-394-8475