

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35701 (2)

1. Corporation Name

SVERDRUP SOUTHERN CONSTRUCTORS, INC.



Principal Place of Business

Mailing Address

1900 SUMMIT TOWER BL
SUITE 300
OAKLANDO FL 32810
US

1900 SUMMIT TOWER BLVD
STE 300
ORLANDO FL 32810
US

3. Date Incorporated or Qualified
09/30/1991

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

43-1588780

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

24

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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 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	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, DR	
STREET ADDRESS	13723 RIVERPORT DR	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HUFFMAN, R. D.	
STREET ADDRESS	1900 SUMMIT TOWER BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORRISON, A. S.	
STREET ADDRESS	13723 RIVERPORT DRIVE	
CITY-ST-ZIP	MARYLAND HGHTS. MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUESCHER, A. J.	
STREET ADDRESS	13723 RIVERPORT DR.	
CITY-ST-ZIP	MARYLAND HGTS MO	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BEUMER, R. E.	
STREET ADDRESS	13723 RIVERPORT DRIVE	
CITY-ST-ZIP	MARYLAND HGHTS. MO	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WEHRLE, T.E.	
STREET ADDRESS	13723 RIVERPORT DRIVE	
CITY-ST-ZIP	MARYLAND HGTS MD	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S.A. PHILLIPS	
1.3 STREET ADDRESS	13723 RIVERPORT	
1.4 CITY-ST-ZIP	MARYLAND HGTS. MO 63043	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	A.S. MORRISON	
3.3 STREET ADDRESS	13723 RIVERPORT	
3.4 CITY-ST-ZIP	MARYLAND HGTS, MO 63043	
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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

314-770-4770

Date

Daytime Phone #

CR2E034 (12/95)