FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P92000002484 (3)

1. Corporate Name

BILL POE CONTRACTORS, INC.

Principal Place of Business	Mailing Address
PO BOX 465 TRILBY FL 33593 US	PO BOX 465 TRILBY FL 33593 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 21125 Trilby Cem. Rd.	2a. Mailing Address: 26
Suite, Apt. # etc: 22	Suite, Apt. # etc: 27
City & State: 23 Trilby, Florida	City & State: 28
Zip: 24 33593 — Country: 25 U.S.	Zip: 29 — Country: 30

3. Date Incorporated or Qualified: 10/30/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3148153 — ☐ 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

9. Name and Address of Current Registered Agent

POE, WILLIAM R
21125 TRILBY CEMETERY RD
TRILBY FL 33593

10. Name and Address of New Registered Agent

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 _______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	POE, WILLIAM R.	12 NAME	
STREET ADDRESS	21125 TRILBY CEMETERY ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	TRILBY FL	14 CITY, ST, ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	POE, DONNA L.	22 NAME	
STREET ADDRESS	21125 TRILBY CEMETERY ROAD	23 STREET ADDRESS	
CITY, ST, ZIP	TRILBY FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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: William R. Poe — 5/4/95 — 904-583-4992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442185 FP