

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000003189 (7)

1. Corporation Name

TILBURY CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

80 BEAL PKWY
SUITE E
FT. WALTON BEACH FL 32548
US

P.O. BOX 5421
FT. WALTON BEACH FL 32549-5421

3. Date Incorporated or Qualified
11/09/1992

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 98 S.E. Miracle Strip Pkwy
Suite, Apt. #, etc.

25 P.O. Box 5421
Suite, Apt. #, etc.

22 Suite 201

27

23 Ft Walton Beach, FL
City & State

28 Ft Walton Beach, FL
City & State

24 32548
Zip Country

25 U.S.

29 32549
Zip

30 U.S.
Country

4. FEI Number

59-3149050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

GRIFFIN, RICHARD
80 BEAL PKWY
SUITE E
FT WALTON BEACH FL 32548

81 Name

Richard Griffin

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

98 S.E. Miracle Strip Pkwy

83 Suite

201

84 City

Ft Walton Beach

FL

85 Zip Code

32548

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CHANCEY, JOE
STREET ADDRESS RT 3 BOX 49
CITY-ST-ZIP FREEPORT FL 32439

TITLE STD ☐ DELETE
NAME GRIFFIN, RICHARD
STREET ADDRESS 25 PLANTATION LN
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

4-24-96

Date

904 244-9436

Daytime Phone

CR2E034 (12/95)