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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000002311 (7)**

1. Corporation Name

AT COST CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
793 CHERRY ST SUITE 200 ALTAMONTE SPRGS FL 32715 US	793 CHERRY ST SUITE 200 ALTAMONTE SPGS FL 32701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 793 Cherry St.	26 P.O.Box 32715-0400
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 Altamonte Springs, Fl.	City & State 28 Altamonte Springs, Fl.
Zip / Country 24 32701 / 25 USA	Zip / Country 29 32715 / 30 USA

4. FEI Number: 59-3208708 ☐ 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	10. Name and Address of New Registered Agent
KING, MARTHA A 793 CHERRY ST ~~SPRGS 200~~ ALTAMONTE SPGS FL 32701	81 Name: King, Martha A. 82 Street Address (P.O. Box Number is Not Acceptable): 793 Cherry St., 83 84 City: Altamonte Springs FL 85 Zip Code: 32701

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	KING, MARTHA A	12 NAME	King, Martha A.
STREET ADDRESS	155 HIDDEN LAKE DRIVE	13 STREET ADDRESS	793 CHERRY ST.
CITY-ST-ZIP	SANFORD FL 32773	14 CITY-ST-ZIP	ALTAMONTE Springs, Fl. 32701
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Martha A. King 4/26/95 (407)831-7723
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA A. KING

0030700 CP