FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011923 (8)

1. Corporation Name

DUVAL CONTRACTING CORPORATION

Principal Place of Business: 8980 DIAMOND C. LANE, JACKSONVILLE FL 32219

Mailing Address: 8980 DIAMOND C. LANE, JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21): 10594 OLD ST. AUGUSTINE RD	2a. Mailing Address (26): 10594 OLD ST. AUGUSTINE RD
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): JACKSONVILLE, FL	City & State (28): JACKSONVILLE, FL
Zip (24): 32257 — Country (25): U.S.	Zip (29): 32257 — Country (30): US

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3165463 ☐ 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

ARPEN, ALLEN E
8980 DIAMOND C. LANE
JACKSONVILLE FL 32219

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	1 TITLE	P, S, T ☒ Change ☐ Addition
NAME	ARPEN, ALLEN E	1 NAME	
STREET ADDRESS	8980 DIAMOND C. LANE	1 STREET ADDRESS	10594 OLD ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE FL 32219	1 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	V	2 TITLE	☐ Change ☐ Addition
NAME	~~ARPEN, EARL C~~	2 NAME	
STREET ADDRESS	~~8980 DIAMOND C. LANE~~	2 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL 32219~~	2 CITY-ST-ZIP	
TITLE	~~ST~~	3 TITLE	☐ Change ☐ Addition
NAME	~~ARPEN, MILDRED V~~	3 NAME	
STREET ADDRESS	~~8980 DIAMOND C. LANE~~	3 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL 32219~~	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: Allen E Arpen — ALLEN E ARPEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95 (Date)
(904) 268-4002 (Daytime Phone #)

0025247 CP