SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000026462 (0)**

1. Corporation Name
D.T.H. CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 802 MACCLENNY FL 32063 US	P.O. BOX 802 MACCLENNY FL 32063 US

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business
21: Rt. 2 Box 583-D
22: Suite, Apt. #, etc.
23: City & State: Macclenny, FL
24: Zip: 32063
25: Country: USA

2a. Mailing Address
26: Rt. 2 Box 583-D
27: Suite, Apt. #, etc.
28: City & State: Macclenny, FL
29: Zip: 32063
30: Country: USA

4. FEI Number: 59-3177250 ☐ 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

HELMS, DAVID T
RT 1 BOX 450 BIRCH ST
MACCLENNY FL 32063

Address change only

10. Name and Address of New Registered Agent

81 Name: Helms, David T
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 2 Box 583-D
83:
84 City: Macclenny FL 85 Zip Code: 32063

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: David Troy Helms David Troy Helms President 7/19/96
Signature, typed or printed name of registered agent and title if applicable (Must be Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELMS, DAVID T RT 2, BOX 677 MACCLENNY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Helms, David T Rt. 2 Box 583-D Macclenny, FL 32063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELMS, JOY R RT 2, BOX 677 MACCLENNY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President Helms, Joy R Rt. 2 Box 583-D Macclenny, FL 32063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Troy Helms David Troy Helms President 7/19/96 (904) 259-7907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #