SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P93000033992 (7)

FILED
95 JUL -7 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
ORR CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
225 BOUGAINVILLEA ST. TAVERNIER FL 33070	225 BOUGAINVILLEA ST. TAVERNIER FL 33070

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (20)
4. FEI Number: 65-0408724 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ORR, ROBERT K
225 BOUGAINVILLEA ST.
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name: ORR, ROBERT K.
82 Street Address (P.O. Box Number is Not Acceptable): 169 PLANTATION SHORES DR.
83
84 City: TAVERNIER FL 85 Zip Code: 33070

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: Robert K. ORR 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	VP	1.1 TITLE	D/P/VP	☒ Change ☐ Addition
NAME	ORR, THOMAS W	1.2 NAME	ROBERT K. ORR	
STREET ADDRESS	998 SHAW DR	1.3 STREET ADDRESS	169 PLANTATION SHORES DR.	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	VS	2.1 TITLE	D/S	☒ Change ☐ Addition
NAME	ORR, VALERIE C	2.2 NAME	VALERIE C. ORR	
STREET ADDRESS	225 BOUGAINVILLEA ST.	2.3 STREET ADDRESS	169 PLANTATION SHORES DR.	
CITY-ST-ZIP	TAVERNIER FL 33070	2.4 CITY-ST-ZIP	TAVERNIER, FL 33070	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Robert K. ORR ROBERT K. ORR 6/09/95 (305) 852-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000287P CP