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

FILED
95 JUL 11 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000048267 (7)**

1. Corporation Name
DEMERS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
249 HIGHWAY AVE FT. WALTON BEACH FL 32547 US	249 HIGHWAY AVE FT. WALTON BEACH FL 32547 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 26 Tupelo Ave SE
22: Suite, Apt. #, etc.
23: City & State: Ft Walton Bch, FL
24: Zip: 32548
25: Country: US

2a. Mailing Address
26: 26 Tupelo Ave SE
27: Suite, Apt. #, etc.
28: City & State: Ft Walton Bch, FL
29: Zip: 32548
30: Country: US

4. FEI Number: 59-3190090 ☐ 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

DEMERS, GERRY A
249 HIGHWAY AVE
FT. WALTON BEACH FL 32547

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
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	P	1.1 TITLE	P/T	☒ Change ☐ Addition
NAME	DEMERS, GERRY A	1.2 NAME	Demers, Gerry A.	
STREET ADDRESS	249 HIGHWAY AVE	1.3 STREET ADDRESS	249 Highway Ave	
CITY-ST-ZIP	FT. WALTON BEACH FL	1.4 CITY-ST-ZIP	Ft Walton Bch, FL 32547	
TITLE	T	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SANSOM, CHARLES J R	2.2 NAME	Sansom, Charles Jr.	
STREET ADDRESS	206 SOUTH STREET NE	2.3 STREET ADDRESS	206 South Street NE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	Ft Walton Bch, FL 32547	
TITLE	VS	3.1 TITLE	V	☒ Change ☐ Addition
NAME	BOLDUC, NORRIS T	3.2 NAME	Bolduc, Norris T.	
STREET ADDRESS	47 CAPE DR.	3.3 STREET ADDRESS	47 Cape Dr.	
CITY-ST-ZIP	FT. WALTON BEACH FL	3.4 CITY-ST-ZIP	Ft Walton Bch, FL 32548	
TITLE		4.1 TITLE	S	☐ Change ☒ Addition
NAME		4.2 NAME	Bolduc, Tim	
STREET ADDRESS		4.3 STREET ADDRESS	47 Cape Dr	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Walton Bch, FL 32548	
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		

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: Gerry A Demers GERRY A. DEMERS, Pres 7/26/95 (904) 243-2870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0304187 CP