

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000048267 (7)

1. Corporation Name

DEMERS CONSTRUCTION, INC.



Principal Place of Business

26 TUPELO AVE SE
FT WALTON BEACH FL 32548
US

Mailing Address

26 TUPELO AVE SE
FT WALTON EBACH FL 32548
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/06/1993

3a. Date of Last Report

07/11/1995

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

10. Name and Address of New Registered Agent

81 Name

Demers, Gerry A.

82 Street Address (P.O. Box Number is Not Acceptable)

26 Tupelo Ave SE

83

84 City

Ft Walton Bch

FL

85 Zip Code

32548

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

Gerry A Demers

GERRY A. DEMERS

6/6/96

Signature typed and printed name of registered agent and time of filing

(Signature of Registered Agent required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	DEMERS, GERRY A	
STREET ADDRESS	249 HIGHWAY AVE	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANSOM, CHARLES J R	
STREET ADDRESS	208 SOUTH STREET NE	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOLDUC, NORRIS T	
STREET ADDRESS	47 CAPE DR.	
CITY - ST - ZIP	FT. WALTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOLDUC, TIM	
STREET ADDRESS	47 CAPE DR	
CITY - ST - ZIP	FT WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	26 Tupelo Ave SE
1.4 CITY - ST - ZIP	Ft Walton Bch, FL 32548
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	128 Holmes Blvd
4.4 CITY - ST - ZIP	Ft Walton Bch, FL 32548
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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

6/6/96 (904) 240-8012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)