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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054822 (0)**

1. Corporation Name

P.H.D. CONSTRUCTION OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
3500-A S NOVA RD PORT ORANGE FL 32119	PO BOX 10396 DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/01/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 4536 Clyde Morris Blvd	26 P O Box 10396
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Orange, Fl	City & State 28 Daytona Beach, Fl
Zip 24 32119 Country 25 USA	Zip 29 32120 Country 30 USA

4. FEI Number: **59-3195943** ☐ 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

HUMBERT, WILLIAM
3500-A S NOVA RD
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 4536 Clyde Morris Blvd

83

84 City Port Orange **FL** 85 Zip Code 32119

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	PD	11 TITLE		☒ Change ☐ Addition
NAME	HUMBERT, WILLIAM	12 NAME		
STREET ADDRESS	3500-A S NOVA RD	13 STREET ADDRESS	4536 Clyde Morris Blvd	
CITY ST ZIP	DAYTONA BEACH FL 32119	14 CITY ST ZIP	Port Orange, Fl 32119	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	PETERSON, HAROLD D	22 NAME		
STREET ADDRESS	914 MILL RD LANE	23 STREET ADDRESS		
CITY ST ZIP	PORT ORANGE FL 32127	24 CITY ST ZIP		
TITLE		31 TITLE	Treasurer	☐ Change ☒ Addition
NAME		32 NAME	Humbert, Veronica	
STREET ADDRESS		33 STREET ADDRESS	4536 Clyde Morris Blvd	
CITY ST ZIP		34 CITY ST ZIP	Port Orange, Fl 32119	
TITLE		41 TITLE	Secretary	☐ Change ☒ Addition
NAME		42 NAME	Peterson, Mary Pauline	
STREET ADDRESS		43 STREET ADDRESS	914 Mill Rd Lane	
CITY ST ZIP		44 CITY ST ZIP	Port Orange, Fl 32127	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: William H. Humbert (904) 788-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0403263 FP