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

APPROVED AND FILED

95 MAY -1 AM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064509 (1)

1. Corporation Name

V.R. MASTERS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
ROUTE 11, BOX 790 LAKE CITY FL 32055	ROUTE 11, BOX 790 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3202690	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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASTERS, VERNON R ROUTE 11, BOX 790 LAKE CITY FL 32055	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	11 TITLE ☐ Change ☐ Addition
NAME	MASTERS, VERNON R	12 NAME
STREET ADDRESS	RT 11 BOX 790	13 STREET ADDRESS
CITY-ST-ZIP	LAKE CITY FL	14 CITY-ST-ZIP
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	MASTERS, LEONARD F	22 NAME
STREET ADDRESS	BARWICK RD P.O. BOX 1184 NA	23 STREET ADDRESS
CITY-ST-ZIP	LAKE CITY FL	24 CITY-ST-ZIP
TITLE	S	31 TITLE ☐ Change ☐ Addition
NAME	STEVENS, BRANTLEY T	32 NAME
STREET ADDRESS	RT 5 BOX 900K	33 STREET ADDRESS
CITY-ST-ZIP	LAKE CITY FL	34 CITY-ST-ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
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 the undersigned, 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: Vernon R Masters VERNON R MASTERS 4/25/95 9047554293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0400078 FP