

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000068510 (5)**

1. Corporation Name

**JOHN BUNTON CONSTRUCTION CO., INC.**



Principal Place of Business Mailing Address  
**2530 MARATHON LANE FT LAUDERDALE FL 33312** **2530 MARATHON LANE FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified **10/01/1993** 3a. Date of Last Report **07/11/1995**  
4. FEI Number **65-0445373** 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 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**BUNTON, JOHN  
2530 MARATHON LANE  
FT LAUDERDALE FL 33312**

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

*John A. Bunton*

**7-31-96**  
DATE

Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when not string)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BUNTON, JOHN</b>                      | 12 NAME   |   |
| STREET ADDRESS             | <b>2530 MARATHON LANE</b>                | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>FT LAUDERDALE FL 33312</b>            | 14 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 22 NAME   |   |
| STREET ADDRESS             |  | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |  | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 32 NAME   |   |
| STREET ADDRESS             |  | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |  | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 42 NAME   |   |
| STREET ADDRESS             |  | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |  | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 52 NAME   |   |
| STREET ADDRESS             |  | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |  | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*John A. Bunton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-31-96** **305-791-2190**  
DATE ORIGINAL PHONE #

CR2E034 (3/96)