

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000073341

1. Entity Name
GREAT SOUTHERN CONTRACTORS, INC.



FILED

04 NOV -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10262004 Chg-P CR2E034 (10/03)

Principal Place of Business
807 S ORLANDO AVE
SUITE R
WINTER PARK, FL 32789 US

Mailing Address
807 S ORLANDO AVE
SUITE R
WINTER PARK, FL 32789 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3206601
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, WILLIAM G ESQ
538 E. WASHINGTON ST.
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR Is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TUMLIN, KENNETH M	
STREET ADDRESS	807 S ORLANDO AVENUE SUITE R	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	T/S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ROBERT	
STREET ADDRESS	20 N ORANGE AVE 14TH FLOOR	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elaine Tumlin	
STREET ADDRESS	807 S. Orlando Ave., Suite R	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Fraedrich	
STREET ADDRESS	897 S. Orlando Ave., Suite R	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04 407-422-5386
Date Daytime Phone #