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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:37

DOCUMENT # **P93000073745 (0)**

1. Corporation Name
CONTRAVEST CONSTRUCTION COMPANY, A FLORIDA CORPO RATION

Principal Place of Business	Mailing Address
400 EAST SOUTH STREET SUITE 204 ORLANDO FL 32801	400 EAST SOUTH STREET SUITE 204 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/25/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business	2a. Mailing Address
21 250 INTERNATIONAL PKWY	26 250 INTERNATIONAL PKWY
22 Suite, Apt. #, etc. SUITE 220	27 Suite, Apt. #, etc. SUITE 220
23 City & State HEATHROW, FL	28 City & State HEATHROW, FL
24 Zip 32746 25 Country SEMINOLE	29 Zip 32746 30 Country SEMINOLE

4. FEI Number: 59-3207017 ☐ 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	10. Name and Address of New Registered Agent
SCHAFFER, JOHN A 400 EAST SOUTH STREET SUITE 204 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 250 INTERNATIONAL PKWY 83 SUITE 220 84 City HEATHROW **FL** 85 Zip Code 32746

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	D	11 TITLE	☐ Change ☐ Addition
NAME	MCCLINTOCK, JOHN H	12 NAME	
STREET ADDRESS	400 E SOUTH STREET, SUITE 204	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	OGIER, GERALD D	22 NAME	
STREET ADDRESS	400 E SOUTH STREET, SUITE 204	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, DAVID G	32 NAME	
STREET ADDRESS	400 E SOUTH STREET, SUITE 204	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	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 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: David A McDaniel 3/16/95 (407) 333-0066
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0082000 CP