FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000077303 (4)**

1. Corporation Name

DOE'S CONSTRUCTION TEAM, INC.

Principal Place of Business	Mailing Address
P.O. BOX 9593 APT. K -5 PANAMA CITY BEACH FL 32417 US	P.O. BOX 9593 APT. K -5 PANAMA CITY BEACH FL 32417 US

3. Date Incorporated or Qualified	3a. Date of Last Report
11/09/1993	02/27/1995

4. FEI Number: **59-3207109** ☐ 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 Street Address	27 Street Address
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

JONES, DARWIN L
9637 HWY 79
APT. K-5
PANAMA CITY BEACH FL 32413

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 Section 607.0502 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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

12. OFFICERS AND DIRECTORS

PVS
JONES, DARWIN L
9637 HWY 79-P.O. BOX 9593
PANAMA CITY BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PV
Jones, Darwin L
9637 Hwy 79 P O box 9593
Panama City Bch, Fl
S
Renee Wiles
9637 Hwy 79
Panama City Bch, FL

☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true. For profit corporations, I further certify that the information indicated on this report or supplemental reports 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 with an indication of any change or addition for the reporting year.

SIGNATURE: [signature] 1-19-96 904-233-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number