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 # **P93000077854 (6)**

1. Corporation Name

ALACHUA CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
RT. 4, BOX 139 **ALACHUA FL 32615**	**RT. 4, BOX 139** **ALACHUA FL 32615**

3. Date Incorporated or Qualified: **11/04/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 21219 N.W. 70 AVE
22 Suite, Apt. #, etc.
23 City & State: Alachua FL
24 Zip: 32615
25 Country: Alachua

2a. Mailing Address
26 21219 NW 70 AVE
27 Suite, Apt. #, etc.
28 City & State: Alachua FL
29 Zip: 32615
30 Country: Alachua

4. FEI Number: **65-0445978** ☐ 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

FORD, CINDY J
RT. 4, BOX 139
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name: Clinton J Ford
82 Street Address (P.O. Box Number is Not Acceptable): 21219 NW 70 AVE
83
84 City: Alachua FL 85 Zip Code: 32615

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: _____ Clinton J Ford 4/29/96
Signature, typed or printed name of Registered Agent and title if applicable — (New Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	FORD, CLINTON J		1.2 NAME		
STREET ADDRESS	RT 4 BOX 139		1.3 STREET ADDRESS	21219 NW 70 AVE	
CITY-ST-ZIP	ALACHUA FL 32615		1.4 CITY-ST-ZIP	Alachua FL 32615	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	FORD, CINDY J		2.2 NAME		
STREET ADDRESS	RT 4 BOX 139		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	400001822274	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-05/15/96--01047--025	
TITLE		☐ DELETE	5.1 TITLE	***200.00 ☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Clinton J Ford 4/18/96 904-462-2661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #