

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013060 (6)

1. Corporation Name

FORUS CONSTRUCTION SERVICES, INC.

Principal Place of Business

18490 SE 110TH ST.
OCKLAWAHA FL 32179

Mailing Address

18490 SE 110TH ST.
OCKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 RT 3 BOX 609

4. FEI Number

59-3225336

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

OCKLAWAHA, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

32179

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

CERRATO, DANIEL T
RT. 3, BOX 609
OCKLAWAHA FL 32179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 18490 S.E. 110TH ST.

84 City OCKLAWAHA

FL

85 Zip Code 32179

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

Signature typed or printed (name of registered agent and fee if applicable)

(P.O.) Registered Agent signature required when necessary

(N/A)

12. OFFICERS AND DIRECTORS

TITLE D
NAME CERRATO, DANIEL T
STREET ADDRESS RT. 3, BOX 609
CITY ST ZIP OCKLAWAHA FL 32179

TITLE D
NAME CERRATO, SANDRA L
STREET ADDRESS RT. 3, BOX 609
CITY ST ZIP OCKLAWAHA FL 32179

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(a), 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: Daniel T. Cerrato - Daniel T. Cerrato - President - 04-15-95 904-288-0337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number