

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Virginia B. Myrland
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY -1 AM 8:03

DOCUMENT # **P94000034808 (3)**

For Corporation Name

GARY TRAVER CONTRACTOR, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5771 STEWART AVE PORT ORANGE FL 32127		2a. Mailing Address 5771 STEWART AVE PORT ORANGE FL 32127		3. Date incorporated or organized 05/04/1994	3a. Date of Last Report
21. State of Incorporation	26. Mailing State	4. FCI Number 59-3243924		Applied For Not Applicable	
22. City & State	27. Mailing City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State	28. Mailing City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. City	25. County	29. City	30. County	6. This corporation has liability for interjurisdictional tax under § 198.034, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRAVER, GARY B 5771 STEWART AVE PORT ORANGE FL 32127				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 Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0504, Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D, P, S TRAVER, GARY B	12.2 STREET ADDRESS 5771 STEWART AVE PORT ORANGE FL 32127	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME D, V, P, S, T TRAVER, ELIZABETH A	12.4 STREET ADDRESS 5771 STEWART AVE PORT ORANGE FL 32127	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	12.6 STREET ADDRESS	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME	12.8 STREET ADDRESS	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	12.10 STREET ADDRESS	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME	12.12 STREET ADDRESS	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME	12.14 STREET ADDRESS	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME	12.16 STREET ADDRESS	13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 190.034, Florida Statutes. I further certify that the information included 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 this corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet as follows:

SIGNATURE: *Gary B. Traver* **GARY TRAVER**
 5/1/95 904 761-5238